MEDICARE/MEDICAID NURSING HOME INFORMATION

1988-1989

MASSACHUSETTS

Part 3

Quincy to Yarmouth

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The Health Care Financing Administration (HCFA) was established on March 9, 1977, to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Peer Review Organization program, the survey and certification program, and a variety of other health care quality assurance programs.

The mission of HCFA is to ensure the effective administration of its programs in order to promote the timely delivery of appropriate, quality health care to over 59 million of the nation's aged, disabled and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality and that agency policies and actions promote efficiency and quality within the total health care delivery system.

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INTRODUCTION

The Health Care Financing Administration is the Federal agency responsible for the Medicare and Medicaid programs. We have a responsibility to provide the public with a wide range of information about the health care paid for through these programs. This second edition of the Medicare/Medicaid Nursing Home Information report is part of our continuing commitment to provide needed information to the public in an understandable and usable form.

Clearly, nursing homes are an area of critical concern to many Medicare and Medicaid beneficiaries, their families and the public in general. There is no more important area where information is needed to help consumers make informed decisions and to provide the health care community with information on its performance. The information should also be helpful to a wide range of individuals and organizations, including nursing home administrators, physicians, ombudsmen and researchers. Among these audiences, we expect that the nursing home administrator and ombudsman will find the information most useful, primarily as a screening tool to evaluate a facility's strengths and weaknesses. We present this information in the hope that it will serve the public and nursing homes in their common interest of improving quality of care.

As with the 1987/1988 edition of Medicare/Medicaid Nursing Home Information, this publication provides extensive information on individual nursing homes. It also provides background materials on Federal and State enforcement programs. This year we are including information concerning State or Federal compliance actions taken against a facility as a result of either of its last two surveys. Each State has identified a specific organizational contact and phone number for handling public inquiries about any compliance actions. In addition, this year's report includes 2 years of survey results for each of the selected 32 performance indicators. It also contains a list of Federal requirements that each facility failed to meet during its latest survey that most directly affect resident care. This provides a more complete look at the nursing home's recent performance history.

Please keep in mind that the primary purpose of this report is to provide a solid basis for further inquiry. It is neither the final, definitive word on nursing home performance nor a comprehensive guide to the selection of a nursing home. When properly understood and used, this information can be quite valuable; it can also be misleading if interpreted incorrectly. To use the information properly, you should read the introductory material carefully, particularly the sections on uses and limitations and how to read the profiles. These sections will assist you in correctly interpreting and making the best use of the material.

Because we recognize the limitations of the information, especially in making individual judgments on specific nursing homes, we have included a section entitled "Further Considerations." This section is designed to help individuals ask questions and obtain additional information to assist them in making personal decisions about nursing homes.

We realize that the task of selecting the most appropriate nursing home for an individual's needs is not an easy one. You will find this information to be a valuable source document. We trust that with better information, you will make better decisions about health care issues.

Gail R. Wilensky

Gail R. Wilensky, Ph.D.
Administrator

USES AND LIMITATIONS

Uses

The primary purpose of this report is to provide a ready source of understandable information about the population and performance of nursing homes. The information is most useful as a basis of inquiry, to assist in asking questions about individual facilities, trends and the enforcement process.

The information presented in this report is taken from the survey reports State surveyors fill out during their annual inspections of each nursing home that participates in Medicare and/or Medicaid. Copies of the full reports are available through the individual State survey agencies. The information describes the conditions observed in the nursing home at the time of its most recent survey. It includes both:

- general information about a nursing home's population and the characteristics and care needs of its residents; and
- specific information about a nursing home's performance in terms of whether it was found to meet certain Federal requirements that provide some insight as to what kind of care the residents receive.

Making this information more accessible and understandable will benefit both the general public and the nursing home community. This type of information can help potential consumers first to ask knowledgeable questions of their physicians, nursing home representatives and consumer ombudsmen and then to make informed decisions in the selection of a nursing home.

For example, the information will allow comparisons to be made among facilities as to the proportion of residents with severe skin problems, such as bed sores or other skin breakdowns. It is important to note, however, that while a high proportion of such residents might be indicative of poor quality care, it could also mean that the facility has special expertise in handling such problems and doctors refer their patients there. The consumer could then check related performance indicators (i.e., each resident receives care necessary to prevent skin breakdown; and each resident with a bed sore receives care necessary to promote the healing of the bed sore) to determine whether surveyors had identified any problems in this area and ask nursing home staff why so many residents were in need of special skin care. A subsequent section of this report (see "Further Considerations") provides an illustrative list of the types of questions that potential consumers and/or their families might ask in the course of selecting a nursing home.

We expect that nursing homes individually and as an industry will find the information useful. It will provide information which will allow each facility to determine the health status of its residents in relation to other facilities in the State and the nation. It will also allow each facility to compare its compliance at the time of survey with the compliance of other nursing homes in the State and the nation. The information will also provide a valuable insight into the consistency of standards enforcement within a State and across the country.

Limitations

When properly understood and used, this information can be of significant value. However, responsible use of the information depends on a thorough understanding of its limitations.

First, any valid interpretation of this information must take into account that the information comprises the individual judgments of more than 3,000 surveyors in 53 separate State survey agencies. Variations in the deficiency information may in part reflect differences among States and individual surveyors in how requirements are interpreted and applied, rather than genuine differences in facility performance. Similarly, care practices in the field may vary from area to area and differences in the information may reflect these variations as well.

Second, the deficiency findings are not a complete picture of the quality of care rendered by a nursing home. Deficiency findings are a measure of compliance or non-compliance with a particular requirement, and the requirements are minimum standards that nursing homes must meet to participate in Medicare and/or Medicaid. The absence of a deficiency means that the home met the minimum standard at the time of survey, but the information cannot identify nursing homes that are providing outstanding quality care.

A third limitation stems from the periodic nature of a deficiency-based survey process. Findings are recorded in the course of the survey and thus reflect a "snapshot" of the conditions in the nursing home at that time. The information does not describe the home's success or failure in taking prompt corrective action to remedy problems. Similarly, there is no guarantee that those items in compliance with Federal requirements at the time of survey have remained in compliance.

The information reflects neither the duration nor the severity of identified deficiencies. A problem may represent a one-time failure of a single staff person, or it may represent an ongoing failure of the facility to provide acceptable quality care.

Finally, the information in this report does not reflect any changes in Federal requirements resulting from recent changes in the law. The new laws and regulations that would affect the content of this report will be effective on October 1, 1990.

DESCRIPTION OF SURVEY AND CERTIFICATION PROCESS

The process of qualifying nursing homes for participation in the Medicare and/or Medicaid programs is known as the survey and certification process. Nursing homes that are approved to take part in Medicare and/or Medicaid and therefore qualified to receive Federal and State funds are required to meet standards set by Federal regulations. These standards are the way the Federal and State governments make sure that nursing homes that receive public monies provide quality care to residents. The standards are developed by the Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS). The State survey agency in each State inspects (surveys) nursing homes to make sure they meet health, safety, and quality standards. The surveyors are State employees who use Federal forms and standards. HCFA pays States for this survey activity. States also pay a share of the cost of surveying facilities that participate in the Medicaid program. Information from these surveys is stored in a centralized computer system in Baltimore, Maryland, which is the headquarters of HCFA. The information published in this report was obtained from this system.

The State survey agencies are required to inspect nursing homes at least once a year and report their findings to State and Federal officials. During a survey, a team of surveyors tours a nursing home and looks at all areas of the nursing home that affect the quality of care that residents receive. The size and composition of survey teams, as well as the duration of surveys, varies in different States and in facilities of different sizes.

Surveyors observe how care is actually given to residents. Surveyors interview a sample of the residents and review their medical records. They evaluate the preparation of meals and eating assistance techniques. They check whether residents get prescribed medications in the proper dosage at the correct times. Surveyors also review the records of nursing homes, interview nursing home staff, and observe the nursing home for cleanliness, comfort and safety. These are some examples of what surveyors do when they inspect a nursing home.

The surveyors record their findings on Federal forms. When the survey is completed, they meet with the nursing home officials to discuss their findings. If problems were found by the surveyors, the nursing home must submit a written plan of correction telling how it plans to correct the problems. If a nursing home is found to have problems, it is given a reasonable amount of time to correct them. State survey agencies use various methods of follow-up review, including revisiting the home to assure that the needed correction has taken place.

If the problems are serious enough to threaten the health and safety of the residents and/or a nursing home fails to correct the problems, the home will not be allowed to continue to participate in the Medicare and/or Medicaid programs. Short of this action, HCFA and the States can also employ an array of other enforcement actions to bring about compliance with State and Federal requirements. Examples of possible actions include monetary fines, bans on new admissions, transfer of residents to other facilities, or placement of the facility in a receivership (i.e., temporary government-ordered management). A description of the certification and licensure program specific to this State is provided in the following section of this report.

SOURCES OF INFORMATION

There are many sources you can go to in order to find out about a particular nursing home or about nursing homes in general. The best sources of information will likely be the State Health Department, the local or State long-term care ombudsman program or Agency on Aging. The ombudsman programs were established under the Older Americans Act to assist nursing home residents and those who represent them. See the "State Government" section below for information on how to contact the State long-term care ombudsman program.

Many other agencies and organizations have information on homes in order to make referrals to the public. It may be necessary to obtain information from several organizations before you find the information that you need or want.

Public and General Sources

There are many public and general sources of information on nursing homes. Some of these are:

- Social services departments in local hospitals;
- Nursing home provider associations like the American Health Care Association or the American Association of Homes for the Aging;
- State nursing home associations;
- City or county welfare departments;
- Religious groups; and
- Better Business Bureau, local consumer protection offices, and other consumer information groups

Others who can offer valuable advice include physicians, social workers, clergymen and friends or relatives who have placed someone in a nursing home.

State/Federal Compliance Actions

A compliance action is any penalty imposed on a facility as a result of its inspection findings. These penalties could include a variety of actions under State licensure laws, such as the imposition of a fine, the revocation of a facility's license, or in the case of a penalty imposed on a facility as a result of a direct Federal survey, a ban on admissions. Given the possible number and types of actions (penalties) available to each State, it is impossible to describe here what specific actions may have been taken against a particular facility. Please see the following State specific information for further details regarding compliance actions available to individual States and how to contact the State survey agency for information about a compliance action in a particular facility. Refer to block 7 at the top of page 1 of each Nursing Home profile to determine if the facility was subject to a compliance action.

State Government

The following pages give a description of the State licensure and enforcement programs. They also contain information about State government offices that you can contact to obtain information about nursing homes and about the State long-term care ombudsman program.

The Commonwealth of Massachusetts
Executive Office of Human Services
Department of Public Health
Division of Health Care Quality
80 Boylston Street
11th Floor
Boston, 02116

Michael S. Dukakis
Governor
Philip W. Johnston
Secretary
Deborah Prothrow-Stith, M.D.
Commissioner

DIVISION OF HEALTH CARE QUALITY

Priscilla Plato
Director

I. Overview of Nursing Home Licensure Program

The Division of Health Care Quality is the Commonwealth's chief government body for monitoring health care delivery in Massachusetts. Nursing homes must meet both state standards for licensure and federal standards for participation in the Medicaid and Medicare programs. The Division executes its work through standards setting, regular on-site inspections, complaint investigations, and enforcement action. The Divsion spends a substantial amount of time monitoring and regularly inspecting nursing homes to assure compliance with quality of care standards. Compliance with these regulations enables a facility to continue to be licensed to operate in Massachusetts and/or to be certified to receive federal Medicare or Medicaid reimbursement. The Division conducts unannounced inspections of all of the state's nursing homes at least once a year. Depending on the nursing home's previous record, a Division inspector will spend two to seven days in a facility looking at items such as the availability and quality of medical and nursing services, the emotional and physical condition of patients, the cleanliness of the facility, the quality of the food service, the provision of meaningful recreational activities and social services that address individual problems. When the Division inspectors uncover a problem in a nursing home, they first work with the facility's staff to develop a plan for correcting the problem. In addition, the inspector makes follow-up visits to assure that the facility is correcting the problem. The Division's unique position as both standard setter and monitor of health care services ensures that Massachusetts nursing home facilities provide minimum standards of care, quality of life and safety standards for its residents.

II. Overview of Enforcement Systems

As the patient protection arm of the Department of Public Health, the Division investigates complaints from consumers and other agencies concerning patient care in the state's nursing homes. While the majority of nursing homes provide appropriate care, there are instances when the Division must take enforcement action to protect patients. The Division intiates patient protection action when it becomes evident that the health and safety of patients are being jeopardized or dangerously threatened. Such investigations can result in formal enforcement actions such as admission freezes, license revocations/suspensions or receiverships, or may be resolved through voluntary compliance by the facility. The Division's authority to protect patients through enforcement of its quality of care regulations for nursing homes was greatly strengthened through the passage of the Patient Abuse Statute in 1980. The law requires certain health care professionals, such as nurses, doctors, and nurses aides, to report incidents of abuse, mistreatment or neglect to the Division. Problems are resolved through a variety of means including referral to the Attorney General's Office for possible legal action, consultation with the nursing home, or formal Division enforcement action. Finally, recent promulgation of suitability regulations has enabled the Division to review the suitability of licensees, thereby preventing undersireable owners from operating nursing homes in Massachusetts.

III. Resources Available to Consumers

State survey agency:
Division of Health Care Quality
Department of Public Health
80 Boylston Street, Room 1100
Boston, MA 02116
(617) 727-5860

Ombudsman program:
State Long Term Care Ombudsman Program
Executive Office of Elder Affairs
38 Chauncy Street
(617) 727-7273 or 727-0343

Compliance Office:
Assistant Director for Compliance & Patient Protection
(617) 727-8984

Complaints:
To report a suspected case of patient abuse, mistreatment or neglect, or to make a complaint about a nursing home, call:

Patient Complaint Unit
Division of Health Care Quality
(617) 727-8984 (9:00 a.m. - 5:00 p.m., Monday - Friday), or call

Patient Abuse/Complaint Hotline
1-800-462-5540 (24-hour, toll-free)

Medicaid Fraud and Abuse of Funds Unit
Medicaid Fraud Control Unit
Department of the Attorney General
131 Tremont Street
Boston, MA 02111
(617) 727-2823

Source for obtaining nursing home survey results:
Public Information Office
Division of Health Care Quality
(617) 727-5860

State Office on Aging
Executive Office of Elder Affairs
38 Chauncy Street
Boston, MA 02111
1-800-882-2003 (Hot Line, toll-free)

Other state programs related to nursing home quality of care:
To report a suspected case of patient discrimination, call:

Advocacy Office
Division of Health Care Quality
(617) 727-8984

Federal Government

Some agencies of the Department of Health and Human Services (DHHS) also have information about nursing homes. These agencies include:

Office of the Inspector General (OIG)

The mission of the OIG is to maintain the integrity of DHHS' programs by investigating any reports of fraud, waste or abuse by doctors, hospitals or other providers of health care services such as nursing homes.

If you have reason to believe that the health care service provider is performing unnecessary or inappropriate services or is billing Medicare for services you did not receive, a toll-free Hot Line has been installed by the Department of Health and Human Services' Inspector General.

Toll Free Numbers
Outside Maryland: 1-(800) 368-5779
Inside Maryland: 1-(800) 638-3986

Note: Medicaid issues should first be referred to the appropriate State agency before contacting the OIG Hot Line. In most States, the State fraud and abuse units can be located through the State Office of the Attorney General.

Administration on Aging (AoA)

The mission of the AoA is to administer the programs and related provisions of the Older Americans Act in a manner which:

1) creates and supports a national network on aging;
2) develops and oversees a responsive system of services and opportunities to meet the needs of the elderly; and
3) serves as a visible advocate on behalf of the elderly in the entire nation.

The regional AoA offices listed below can help to put you in touch with the appropriate State or local authorities, depending on the nature of your inquiry or concern.

AoA Regional Offices

Regional Program Director, AoA
DHHS Region I
Room 2011
JFK Federal Building
Boston, MA 02203
(617) 565-1158

Regional Program Director, AoA
DHHS Region III
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-0334

Regional Program Director, AoA
DHHS Region V
21st Floor
105 West Adams Street
Chicago, IL 60603
(312) 353-3141

Regional Program Director, AoA
DHHS Region VII
Room 384
601 East 12th Street
Kansas City, MO 64106
(816) 426-2955

Regional Program Director, AoA
DHHS Region IX
Room 480
Federal Office Building
United Nations Plaza
San Francisco, CA 94102
(415) 556-6003

Regional Program Director, AoA
DHHS Region II
Room 4149
26 Federal Plaza
New York, NY 10278
(212) 264-2977

Regional Program Director, AoA
DHHS Region IV
Suite 903
101 Marietta Tower
Atlanta, GA 30323
(404) 331-5900

Regional Program Director, AoA
DHHS Region VI
Room 1000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-2971

Regional Program Director, AoA
DHHS Region VIII
Room 1185
Federal Office Building
1961 Stout Street
Denver, CO 80294-3538
(303) 844-2951

Regional Program Director, AoA
DHHS Region X
2201 Sixth Avenue
Mail Stop RX 33
Seattle, WA 98121
(206) 442-5341

Office for Civil Rights (OCR)

The mission of the OCR is to enforce civil rights statutes that prohibit discrimination in DHHS' programs and to generate voluntary compliance. You may wish to contact an OCR office to report incidents of discrimination by a nursing home or to check on a facility's previous record in this regard.

OCR Regional Offices

Regional Manager, OCR
DHHS Region I
Room 2403
JFK Federal Building
Boston, MA 02203
(617) 565-1340

Regional Manager, OCR
DHHS Region II
Room 3312
26 Federal Plaza
New York, NY 10278
(212) 264-3313

Regional Manager, OCR
DHHS Region III
3535 Market Street
P.O. Box 13716
Room 6300
Philadelphia, PA 19101
(215) 596-1262

Regional Manager, OCR
DHHS Region IV
101 Marietta Tower
Room 1502
Atlanta, GA 30323
(404) 331-2779

Regional Manager, OCR
DHHS Region V
16th Floor
105 West Adams Street
Chicago, IL 60603
(312) 886-2359

Regional Manager, OCR
DHHS Region VI
Room 1360
1200 Main Tower Building
Dallas, TX 75202
(214) 767-4056

Regional Manager, OCR
DHHS Region VII
Room 248
601 East 12th Street
Kansas City, MO 64106
(816) 426-7277

Regional Manager, OCR
DHHS Region VIII
Room 844
Federal Office Building
1961 Stout Street
Denver, CO 80294-3538
(303) 844-2024

Regional Manager, OCR
DHHS Region IX
Room 322
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-8586

Regional Manager, OCR
DHHS Region X
2201 Sixth Avenue
Mail Stop RX 11
Seattle, WA 98121
(206) 442-0473

Health Care Financing Administration (HCFA)

The mission of the HCFA is to administer the Medicare and Medicaid programs in a manner which promotes:

1) quality health care to eligible beneficiaries;
2) awareness of the services for which beneficiaries are eligible; and
3) efficiency and quality within the total health care delivery system.

Listed below are the HCFA offices responsible for overseeing the State survey and certification programs:

Associate Regional Administrator
DHHS Region I, HCFA
Division of Health Standards and Quality
JFK Federal Building
Room 1211
Boston, MA 02203
(617) 565-1331

Associate Regional Administrator
DHHS Region II, HCFA
Division of Health Standards and Quality
26 Federal Plaza
Room 3821
New York, NY 10278
(212) 264-1121

Associate Regional Administrator
DHHS Region III, HCFA
Division of Health Standards and Quality
P.O. Box 7760
Philadelphia, PA 19101
(215) 596-6571

Associate Regional Administrator
DHHS Region IV, HCFA
Division of Health Standards and Quality
101 Marietta Tower, Suite 601
Atlanta, GA 30323
(404) 331-2361

Associate Regional Administrator
DHHS Region V, HCFA
Division of Health Standards and Quality
15th Floor
105 West Adams Street
Chicago, IL 60603
(312) 353-9805

Associate Regional Administrator
DHHS Region VI, HCFA
Division of Health Standards and Quality
1200 Main Tower Building
Room 2000
Dallas, TX 75202
(214) 767-6301

Associate Regional Administrator
DHHS Region VII, HCFA
Division of Health Standards and Quality
Room 242
601 East 12th Street
Kansas City, MO 64106
(816) 426-2408

Associate Regional Administrator
DHHS Region VIII, HCFA
Division of Health Standards and Quality
Federal Office Building, Room 1185
1961 Stout Street
Denver, CO 80294-3538
(303) 844-4721

Associate Regional Administrator
DHHS Region IX, HCFA
Division of Health Standards and Quality
75 Hawthorne Street
San Francisco, CA 94105
(415) 744-3679

Associate Regional Administrator
DHHS Region X, HCFA
Division of Health Standards and Quality
2201 Sixth Avenue, Mail Stop RX 42
Seattle, WA 98121
(206) 442-0511

If you wish to contact any of the DHHS agencies, the following list outlines which DHHS regional office has responsibility for your State:

Region I/Boston

Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

Region II/New York

New Jersey, New York, Puerto Rico, and Virgin Islands

Region III/Philadelphia

Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia

Region IV/Atlanta

Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina South Carolina and Tennessee

Region V/Chicago

Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin

Region VI/Dallas

Arkansas, Louisiana, New Mexico, Oklahoma, and Texas

Region VII/Kansas City

Iowa, Kansas, Missouri, and Nebraska

Region VIII/Denver

Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming

Region IX/San Francisco

Arizona, California, Hawaii, Nevada, American Samoa, and Guam

Region X/Seattle

Alaska, Idaho, Oregon, and Washington

FURTHER CONSIDERATIONS

The information presented in this report can be an important source for potential nursing home consumers and their families to consult during the process of selecting a nursing home. It is also important that potential consumers and their families ask questions of their physicians, nursing home personnel and consumer representatives (such as local long-term care ombudsmen) to help guide them in selecting the best possible facility to meet their needs. The best way to find out about a nursing home is to take the time to visit the home in person, if possible, before you make your choice.

Listed below are some examples of the kinds of questions that potential nursing home consumers should ask before selecting a home and some things you should do to find out about the home during your visit. These questions are intended to augment the information contained in this report. Keep in mind that they are not a comprehensive list but an illustrative list of suggested issues that should be considered in choosing a nursing home.

General

- Find out who owns the home and whether it is approved for participation in the Medicare or Medicaid programs.
- Make an appointment to visit the home. Meet with the administrator, the director of nursing and the director of social services and ask them about the history of the home and the services it offers.
- Ask about the home's last survey, what problems were found and if and how they have been corrected.
- Ask whether the facility has been surveyed since the survey described in the report. You can ask to see the survey results.
- Ask whether the State has initiated any punitive actions against the home in the last 2 years, and if so, what actions were taken and how they were resolved. You may want to verify this information through other sources such as the State nursing home ombudsman.
- Ask about the home's admission policies and ask for a copy of any admission agreement that is required.
- Ask to see a copy of the home's residents' rights policy. Does the facility have any special programs/procedures to help educate residents and staff about their rights? You can observe for yourself during your visit how well the home is honoring these rights.
- Ask about the home's basic daily rate and what is included in the charges. Also ask how the home handles residents' personal funds, if such assistance is necessary.
- Find out about the home's visiting hours and how much choice residents have as to the time they get up, eat and go to bed.
- See if residents look well cared for and properly groomed. Do staff treat the residents with courtesy and respect? If the opportunity arises, chat with a resident or two to get their impressions.
- Find out if the home has an organized resident council or other type of resident group. How often does it meet and what are some of its activities and accomplishments? Also, is there an organized family council that family members can participate in?

Physical Environment

- Ask for a tour of the facility and try to see all the major areas of the home, including dining areas and some residents' rooms.
- Note whether the home is an attractive, clean and comfortable place to be. Is it well-lit and ventilated and free of potential health hazards such as obstacles in hallways or underfoot? Is it free from insects and rodents?
- Note how the rooms accommodate individual resident preferences.
- Look at the residents' lounge and other common areas and see if they look comfortable and whether they are used by residents. Do residents have the opportunity to sit outdoors in comfortable, safe surroundings?
- Check toilet and bathing facilities and note whether they are clean, sanitary and reasonably free of odors. Are they easily accessible to handicapped residents?
- Note whether residents' rooms have windows and access to the corridor. Does each resident have a reading light, comfortable chair, sufficient closet space? How many people are in each room and are there privacy curtains?

Medical and Nursing Services

- Find out how medical care and direction is provided in the facility. Who is the medical director? Will a resident's personal physician be able to visit as needed, and cooperate with the medical director? What happens if hospital or emergency care is needed?
- Ask if the home specializes in providing any particular type of medical care. Be sure to inquire about how the home cares for residents who share your particular medical problems or care needs.
- Ask about the availability of specialized care to restore physical abilities lost due to illness or injury. Physical therapy, speech therapy and occupational therapy are examples of this type of specialized care.
- Ask how many registered nurses and licensed practical nurses are employed by the home and how many of each are on duty during days, evenings, nights and weekends. How many residents are under the care of each type of nurse?
- Ask how often a resident's medication schedule is reviewed for possible dosage reductions, adverse interactions or reactions, or expirations. Who is accountable for pharmaceutical services?
- Ask how the home provides dental care to its residents.
- Ask about how the resident or family is involved in care planning decisions.

Food

- Ask at what times meals are served and whether snacks are available. Ask if residents have flexibility about when meals are served and what is served? Ask to see the menus for a week. Are substitutions readily available?
- Observe how food is served. Does it look appetizing? Do residents appear to be enjoying their meals?

Social Services and Activities

- o Ask to see the schedule of activities for a week. Does the facility have a varied activities program suitable for residents with different interests and capabilities?
- o Ask if there is an activities coordinator and see if there is suitable space available for activities.
- o Find out whether the facility has a full-time social services director and ask what social services and mental health and other counseling services are available to residents and their families. Does the facility have specialized services/programs available for residents with special disorders and disabilities, including Alzheimer's Disease?
- o Ask about how individual activity preferences are encouraged and supported by the facility.

Glossary of Terms

Resident Characteristics and Facility Performance Indicators

This glossary contains terms used to describe certain common features or characteristics of people who enter nursing facilities, and common features or indicators of how well the facility provides quality care.

Bed Sore. A bed sore is an open sore that occurs more often to a resident with little muscle tissue or fat and who remains in one position for a long period of time. A bed sore may form on bony areas, such as at the base of the spine, heels, and ankles. Other names for a bed sore are "pressure sore" or "decubitus."

Catheter. See **Urinary Catheter.**

Colostomy or Ileostomy. A resident who has serious intestinal difficulties may have surgery which creates an artificial opening at the abdomen for bowel movements. Colostomy or ileostomy care involves keeping the skin around the colostomy or ileostomy clean and free from sores. For a resident who wears a bag to collect bowel movements, care also involves emptying the bag regularly and keeping the bag free of odor.

Fluids Supplied Through Tubes. A resident who cannot eat enough food to stay healthy may receive nourishment in the form of fluids prescribed by a physician. These fluids are usually given by inserting a needle or a tube into a vein. Care involves making sure that the needle or tube stays free of germs and that it stays in the vein.

Incompetent. A resident who cannot make decisions because of impairments in mental ability may be called incompetent. This is often a legal term meaning a court has decided that the person cannot make decisions, but it is also used as a descriptive term.

Injections. Medicine given by inserting a needle into muscle or tissue.

Isolation Techniques. These are methods to ensure that infection does not spread from one part of a resident's body to another, or from one resident to another.

Rehabilitative Bowel and Bladder Training. A resident with difficulty controlling bowel or bladder may participate in a program to learn to control these functions. Another term for a bowel and bladder control problem is "incontinence."

Respiratory Care. A resident with trouble breathing may need assistance, which may be given by breathing in extra oxygen or receiving medication. Respiratory care involves giving the amount of oxygen or medication in the way and in the amount that the doctor has ordered.

Restraints. Physical restraints are devices attached or adjacent to the body which restrict freedom of movement or normal access to one's body. For example, to keep a resident from falling out of a wheelchair a physician may prescribe a cloth protective device or a vest. Drugs (medications) may also be provided to treat and modify a resident's physically aggressive behavior. However, medications must be prescribed in doses and for a length of time necessary to treat symptoms. Use of drugs to control behavior is often called chemical restraints.

Skin Breakdown. When a resident remains in one position for a long period of time, his or her skin may be damaged. One of the first signals that this is happening is that reddened areas appear on the places where the resident has placed pressure from sitting in a chair or lying in bed. These reddened areas do not go away even after the positioning of the resident has been changed. If special care is not given, bed sores may develop. See Bed Sore.

Suctioning. A resident who is unable to cough up fluids or mucous in the air passages may have a tube inserted into the air passages to suck the fluids out. Care involves making sure that the fluids are removed as often as necessary and that the tube used is always free of germs.

Tracheotomy Care. A resident who has difficulty breathing may have an operation which makes a breathing passage from the base of the neck into the lungs. This opening is called a tracheotomy. Care involves keeping the breathing passage clean and free from congestion.

Transferring. This term has two meanings. First, it is used to describe the extent to which a resident is dependent on others to move from bed to chair, bed to toilet, chair to bath, etc. Transferring is also used to describe moving an individual from one section of a facility to another or from one facility to another.

Urinary Catheter. A tube inserted into the bladder to remove urine

HOW TO READ THE INFORMATION

Before reading the individual nursing home profiles that make up this report, it would be helpful to understand the format and presentation of the information in each profile.

EXAMPLE

NURSING HOME PROFILE
STATESBORO NURSING HOME

Street Address:		**City and State:**	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

The first 4 lines of the profile contain basic information about each nursing home. Following is an explanation of the items included:

Name:	Self explanatory
Street Address:	Self explanatory
City and State:	Self explanatory

Participation: The information in this block indicates whether the nursing home participates in the Medicare program, the Medicaid program, or both programs. In addition, this block identifies the level of care that the nursing home provides. These include:

Skilled Nursing Facility (SNF)—A nursing home which provides the level of care that comes closest to hospital care with 24-hour nursing services. Regular medical supervision and rehabilitation therapy are also provided. Generally, a skilled nursing facility cares for convalescent patients and those with long-term illnesses.

Intermediate Care Facility (ICF)—A nursing home which provides less extensive health related care and services. It has regular nursing service, but not around the clock. Most intermediate care facilities conduct rehabilitation programs, with an emphasis on personal care and social services. Mainly, these homes serve people who are not fully capable of living by themselves, yet are not necessarily ill enough to need 24-hour nursing care.

Many nursing homes participate in both the Medicare and Medicaid programs, and qualify as both skilled nursing facilities and intermediate care facilities.

Number of Beds: This is the total number of beds in the nursing home, including those that are approved for Medicare and Medicaid and those that are not. Many nursing homes have beds that are "private"; these are included in the number even though the facility does not receive Medicare or Medicaid money for them.

Type of Ownership: This block describes the type of organization that operates the nursing home. These include:

Non-profit-religious - A nursing home affiliated with a religious organization, governed by a board of directors and financed largely by contributions.

Non-profit-private - A nursing home not affiliated with a religious or a community based organization and financed largely by contributions.

Non-profit-other - A nursing home which is generally governed by a community based board of directors and financed largely by contributions.

Proprietary - A nursing home operated for profit.

Government - A nursing home primarily administered by the Federal government, the State, or the county, city or other local unit of government.

Survey Date: The day on which the nursing home inspection described in this report was completed. All of the information contained in the nursing home profile reflects the conditions on this date. Note that surveys are being conducted on an ongoing basis, and thus, more recent survey results may become available subsequent to publication of this report.

Compliance Action: The information in this block indicates whether or not the nursing home has had any action taken against it by either the State or the federal government as a result of either of the last two inspections. If there is a "YES" in this block, refer to the State specific information in the front of this book for details on specific actions that can be taken against a nursing home and how to contact the State for further information about the nursing home in question. Please note that if a more recent inspection has been conducted, a compliance action may have been revoked subsequent to the publication of this report. Likewise, a more recent inspection might result in a compliance action which was taken after publication of this report.

EXAMPLE

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**

	FACILITY		STATE	NATION
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	83.0	82.9	82.0

The "Selected Resident Characteristics" section of the profile contains important information describing the population of the nursing home. The first line of this section shows the total number of residents living in the home and indicates how many of the home's residents are Medicare or Medicaid recipients. Next, the profile tells how many of the nursing home's residents fall into each of 13 selected care categories. These categories reflect common characteristics of nursing home residents that relate to the amount and types of care that they need. They describe the degree of assistance required by residents in carrying out the basic activities of daily living (e.g., bathing, dressing, eating) as well as other characteristics that provide information on the health care needs of residents (e.g., residents who are unable to get out of bed without assistance, residents with special skin care needs, residents on bowel and bladder retraining programs.)

The example above shows the first care category included in each nursing home profile, "Bathing". Following is an explanation of information provided in the profile:

Column 1 - Facility, #: Indicates that 78 residents of the nursing home require some or total assistance in bathing.

Column 2 - Facility, %: Indicates that the 78 residents who require assistance in bathing represent 83% of the nursing home's total population.

Column 3 - State, %: Indicates that, in the State where the nursing home is located, 82.9% of all residents in similar facilities require assistance in bathing.

Column 4 - Nation, %: Indicates that, for the nation as a whole, 82% of all residents in similar facilities require assistance in bathing.

The profile then provides similar information for each of the remaining care categories. Note that many residents will be included in more than one of the care categories.

EXAMPLE

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	5	4.1	232	2.3

The "Selected Performance Indicators," section of the profile tells about the nursing home's performance in meeting Federal quality of care requirements. The profile includes 32 performance indicators selected for their usefulness in describing important aspects of a nursing home's performance. Each indicator is based on a specific regulatory requirement that nursing homes must meet to participate in Medicare and/or Medicaid.

As shown in the example above, the profile indicates for each performance indicator whether the nursing home met or did not meet minimum Federal requirements during its two most recent inspections by State surveyors. Following is an explanation of the information provided in the sample profile for the first performance indicator, "The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed."

Columns 1 and 2 - Facility Met/Not Met: Shows either "Met" or "Not Met." "Met" means that the nursing home performed satisfactorily in this area. "Not Met" would mean that the home did not perform satisfactorily in this area. Column 1 shows information from the 87/88 survey cycle. N/A in column 1 means "not applicable" indicating the facility was not participating in the Medicare and/or Medicaid programs at the time of the 87/88 Medicare/Medicaid Nursing Home Information release. Column 2 shows information from the 88/89 survey cycle.

Column 3 - State, #: Indicates that there were 5 similar facilities in the State that did not perform satisfactorily in this area.

Column 4 - State, %: Indicates that the 5 facilities that did not perform satisfactorily represent 4.1% of the similar facilities in the State.

Column 5 - Nation, #: Indicates that there were 232 similar facilities in the nation that did not perform satisfactorily in this area.

Column 6 - Nation, %: Indicates that the 232 facilities that did not perform satisfactorily represent 2.3% of all similar facilities in the nation.

Note: The information in columns 3-6 applies only to the most recent set of surveys.

EXAMPLE

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

The final section of the profile, "Listing of Facility Deficiencies", lists each of the Federal requirements that the facility failed to meet during its recent survey and that most directly affect resident care. A full statement of each requirement is contained in the nursing home survey report form, a copy of which can be found at the end of this volume. To determine the nature of a deficiency, consult the survey report form and match the listed code number(s) with the number(s) located in the left-hand column of the form.

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NURSING HOME PROFILE
ARLINGTON GREEN ELDERCARE NH

Street Address: 210 ARLINGTON ST		**City and State:** QUINCY, MA 02170	
Participation: MEDICAID ICF	**# of Beds:** 21	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/02/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
18	0	10

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	18	100	69.8	78.5
Dressing Residents requiring some or total assistance in dressing.	10	55.6	68.8	76.5
Toileting Residents requiring some or total assistance in toileting.	8	44.4	48.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	77.8	60.0	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	7	38.9	48.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	18.7	30.4
Completely bedfast residents.	0	0.0	0.6	2.8
Residents confined to chairs.	1	5.6	15.6	40.9
Residents requiring restraints.	1	5.6	19.6	30.9
Confused or disoriented residents.	4	22.2	51.5	55.4
Residents with bed sores.	0	0.0	2.7	4.8
Residents receiving special skin care.	2	11.1	21.8	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	1.1	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	19	10.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.5	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	6	3.2	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	3	1.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	13	7.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	1.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	7	3.8	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	6	3.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	6	3.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	1	0.5	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	1	0.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	3.2	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	11.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	15	8.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	13	7.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	3	1.6	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	13	7.0	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	4	2.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	37	19.9	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	53	28.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	9	4.8	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	66	35.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F313* F328

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CRESTVIEW HEALTHCARE FACILITY

Street Address: 86 GREENLEAF ST		**City and State:** QUINCY, MA 02169	
Participation: MEDICAID ICF	**# of Beds:** 49	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/16/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
48	0	37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	26	54.2	69.8	78.5
Dressing Residents requiring some or total assistance in dressing.	34	70.8	68.8	76.5
Toileting Residents requiring some or total assistance in toileting.	23	47.9	48.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	41.7	60.0	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	22	45.8	48.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	4	8.3	18.7	30.4
Completely bedfast residents.	0	0.0	0.6	2.8
Residents confined to chairs.	2	4.2	15.6	40.9
Residents requiring restraints.	12	25.0	19.6	30.9
Confused or disoriented residents.	29	60.4	51.5	55.4
Residents with bed sores.	0	0.0	2.7	4.8
Residents receiving special skin care.	2	4.2	21.8	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	1.1	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	19	10.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.5	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	6	3.2	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	3	1.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	13	7.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	1.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	7	3.8	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	6	3.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	6	3.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	1	0.5	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	1	0.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	3.2	345	6.5
Drugs are administered according to the written orders of the attending physician	MET	NOT MET	22	11.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	15	8.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	13	7.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.6	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	13	7.0	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	4	2.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	37	19.9	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	53	28.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	9	4.8	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	66	35.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F191* F259

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
JOHN ADAMS NURSING HOME

Street Address: 211 FRANKLIN ST		**City and State:** QUINCY, MA 02169	
Participation: MEDICAID SNF	**# of Beds:** 70	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 05/09/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
62	0	45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	52	83.9	79.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	52	83.9	84.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	47	75.8	73.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	77.4	78.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	46	74.2	68.3	69.4
Residents on individually written bowel and bladder retraining program.	5	8.1	3.8	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	32.3	32.3	39.1
Completely bedfast residents.	0	0.0	0.9	3.2
Residents confined to chairs.	43	69.4	41.9	52.3
Residents requiring restraints.	27	43.5	41.8	40.4
Confused or disoriented residents.	33	53.2	59.9	58.6
Residents with bed sores.	3	4.8	5.5	7.6
Residents receiving special skin care.	37	59.7	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F135 F288 F294 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MERRYMOUNT MANOR NURSING HOME

Street Address: 38 EDGEMERE RD		**City and State:** QUINCY, MA 02169	
Participation: MEDICAID ICF	**# of Beds:** 23	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/05/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
22	0	19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	17	77.3	69.8	78.5
Dressing Residents requiring some or total assistance in dressing.	16	72.7	68.8	76.5
Toileting Residents requiring some or total assistance in toileting.	11	50.0	48.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	50.0	60.0	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	3	13.6	48.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	2	9.1	18.7	30.4
Completely bedfast residents.	0	0.0	0.6	2.8
Residents confined to chairs.	2	9.1	15.6	40.9
Residents requiring restraints.	0	0.0	19.6	30.9
Confused or disoriented residents.	15	68.2	51.5	55.4
Residents with bed sores.	1	4.5	2.7	4.8
Residents receiving special skin care.	4	18.2	21.8	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	2	1.1	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	19	10.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.5	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	6	3.2	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	3	1.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	13	7.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	1.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	7	3.8	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	6	3.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	6	3.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	1	0.5	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	1	0.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	3.2	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	11.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	15	8.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	13	7.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.6	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	NOT MET	13	7.0	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	4	2.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	37	19.9	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	53	28.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	9	4.8	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	66	35.5	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F224 F242* F288 F328 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
OCEANSIDE NURSING HOME

Street Address: 445 QUINCY SHORE DR		**City and State:** QUINCY, MA 02171	
Participation: MEDICAID ICF	**# of Beds:** 23	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/28/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 23	**Medicare Residents:** 0	**Medicaid Residents:** 20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	21	91.3	69.8	78.5
Dressing Residents requiring some or total assistance in dressing.	20	87.0	68.8	76.5
Toileting Residents requiring some or total assistance in toileting.	13	56.5	48.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	100	60.0	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	12	52.2	48.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	3	13.0	18.7	30.4
Completely bedfast residents.	0	0.0	0.6	2.8
Residents confined to chairs.	3	13.0	15.6	40.9
Residents requiring restraints.	5	21.7	19.6	30.9
Confused or disoriented residents.	14	60.9	51.5	55.4
Residents with bed sores.	2	8.7	2.7	4.8
Residents receiving special skin care.	13	56.5	21.8	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	1.1	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	19	10.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.5	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	6	3.2	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	3	1.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	13	7.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	1.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	7	3.8	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	6	3.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	6	3.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	1	0.5	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	1	0.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	3.2	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	11.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	15	8.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	13	7.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.6	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	13	7.0	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	4	2.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	37	19.9	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	53	28.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	9	4.8	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	66	35.5	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F096 F294

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PRESIDENTIAL CONV HOME

Street Address: 43 OLD COLONY AVE	**City and State:** QUINCY, MA 02170

Participation: MEDICAID SNF/ICF	**# of Beds:** 89	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/26/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
81	0	67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	56	69.1	79.5	82.0
Dressing Residents requiring some or total assistance in dressing.	61	75.3	84.3	84.0
Toileting Residents requiring some or total assistance in toileting.	48	59.3	73.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	48.1	78.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	47	58.0	68.3	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	15	18.5	32.3	39.1
Completely bedfast residents.	0	0.0	0.9	3.2
Residents confined to chairs.	19	23.5	41.9	52.3
Residents requiring restraints.	34	42.0	41.8	40.4
Confused or disoriented residents.	36	44.4	59.9	58.6
Residents with bed sores.	2	2.5	5.5	7.6
Residents receiving special skin care.	26	32.1	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F086 F102 F274 F278 F287 F289 F293*
F294 F313* F321 F323 F324* F342 F345*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
QUINCY NURSING HOME

Street Address: 11 THOMAS MCGRATH HWY		**City and State:** QUINCY, MA 02169	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 139	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/10/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
132	4	96

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	116	87.9	79.5	82.0
Dressing Residents requiring some or total assistance in dressing.	116	87.9	84.3	84.0
Toileting Residents requiring some or total assistance in toileting.	95	72.0	73.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	106	80.3	78.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	78	59.1	68.3	69.4
Residents on individually written bowel and bladder retraining program.	5	3.8	3.8	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	51	38.6	32.3	39.1
Completely bedfast residents.	0	0.0	0.9	3.2
Residents confined to chairs.	41	31.1	41.9	52.3
Residents requiring restraints.	50	37.9	41.8	40.4
Confused or disoriented residents.	87	65.9	59.9	58.6
Residents with bed sores.	8	6.1	5.5	7.6
Residents receiving special skin care.	37	28.0	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F105 F127* F135 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ROBBIN HOUSE CONV HOME

Street Address: 205 ELM ST		**City and State:** QUINCY, MA 02169	
Participation: MEDICAID SNF/ICF	**# of Beds:** 114	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/30/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
112	0	105

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	76	67.9	79.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	79	70.5	84.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	57	50.9	73.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	54.5	78.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	34.8	68.3	69.4
Residents on individually written bowel and bladder retraining program.	1	0.9	3.8	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	12.5	32.3	39.1
Completely bedfast residents.	0	0.0	0.9	3.2
Residents confined to chairs.	29	25.9	41.9	52.3
Residents requiring restraints.	29	25.9	41.8	40.4
Confused or disoriented residents.	37	33.0	59.9	58.6
Residents with bed sores.	1	0.9	5.5	7.6
Residents receiving special skin care.	25	22.3	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F130 F321 F340*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WILLIAM B RICE EVENTIDE HOME

Street Address: 215 ADAMS ST		**City and State:** QUINCY, MA 02169	
Participation: MEDICAID ICF	**# of Beds:** 53	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 10/05/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
51	0	21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	28	54.9	69.8	78.5
Dressing Residents requiring some or total assistance in dressing.	24	47.1	68.8	76.5
Toileting Residents requiring some or total assistance in toileting.	25	49.0	48.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	49.0	60.0	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	27	52.9	48.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	19	37.3	18.7	30.4
Completely bedfast residents.	2	3.9	0.6	2.8
Residents confined to chairs.	15	29.4	15.6	40.9
Residents requiring restraints.	9	17.6	19.6	30.9
Confused or disoriented residents.	21	41.2	51.5	55.4
Residents with bed sores.	0	0.0	2.7	4.8
Residents receiving special skin care.	23	45.1	21.8	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	2	1.1	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	19	10.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.5	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	6	3.2	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	3	1.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	13	7.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	1.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	7	3.8	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	6	3.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	6	3.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	1	0.5	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	1	0.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	3.2	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	22	11.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	15	8.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	13	7.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency	MET	MET	3	1.6	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	13	7.0	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	4	2.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	37	19.9	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	53	28.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	9	4.8	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	66	35.5	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
HOLLYWELL HEALTH CARE CENTER

Street Address: 975 N MAIN ST		**City and State:** RANDOLPH, MA 02368	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 139	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/13/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 131	**Medicare Residents:** 7	**Medicaid Residents:** 59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	100	76.3	79.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	110	84.0	84.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	97	74.0	73.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	103	78.6	78.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	95	72.5	68.3	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	40	30.5	32.3	39.1
Completely bedfast residents.	1	0.8	0.9	3.2
Residents confined to chairs.	54	41.2	41.9	52.3
Residents requiring restraints.	61	46.6	41.8	40.4
Confused or disoriented residents.	73	55.7	59.9	58.6
Residents with bed sores.	3	2.3	5.5	7.6
Residents receiving special skin care.	28	21.4	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F135 F258 F305 F328 F332* F342 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
RANDOLPH CROSSING NURSING CENTER

Street Address: 49 THOMAS PATTEN DR		**City and State:** RANDOLPH, MA 02368	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 127	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/28/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
7	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	6	85.7	79.5	82.0
Dressing Residents requiring some or total assistance in dressing.	6	85.7	84.3	84.0
Toileting Residents requiring some or total assistance in toileting.	5	71.4	73.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	6	85.7	78.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	5	71.4	68.3	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	32.3	39.1
Completely bedfast residents.	0	0.0	0.9	3.2
Residents confined to chairs.	1	14.3	41.9	52.3
Residents requiring restraints.	3	42.9	41.8	40.4
Confused or disoriented residents.	3	42.9	59.9	58.6
Residents with bed sores.	1	14.3	5.5	7.6
Residents receiving special skin care.	1	14.3	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
DANIELS NURSING HOME

Street Address: 59 MIDDLESEX AVE		**City and State:** READING, MA 01867	
Participation: MEDICAID ICF	**# of Beds:** 33	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/30/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
23	0	9

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	10	43.5	69.8	78.5
Dressing				
Residents requiring some or total assistance in dressing.	9	39.1	68.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	9	39.1	48.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	100	60.0	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	6	26.1	48.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	18.7	30.4
Completely bedfast residents.	0	0.0	0.6	2.8
Residents confined to chairs.	1	4.3	15.6	40.9
Residents requiring restraints.	1	4.3	19.6	30.9
Confused or disoriented residents.	5	21.7	51.5	55.4
Residents with bed sores.	0	0.0	2.7	4.8
Residents receiving special skin care.	7	30.4	21.8	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	2	1.1	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	19	10.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.5	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	6	3.2	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	3	1.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N	MET	13	7.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	1.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	7	3.8	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	6	3.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	6	3.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	1	0.5	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	1	0.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	3.2	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	22	11.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	15	8.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	13	7.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.6	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	13	7.0	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	4	2.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	37	19.9	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	53	28.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	9	4.8	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	66	35.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

READING, MA

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F100 F119 F126 F169 F194 F196* F199 F210
F258 F288 F294 F330

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SOMERSET NURSING HOME

Street Address: 1364 MAIN ST		**City and State:** READING, MA 01867	
Participation: MEDICAID SNF/ICF	**# of Beds:** 123	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/29/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
115	0	82

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	67	58.3	79.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	74	64.3	84.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	70	60.9	73.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	59.1	78.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	60	52.2	68.3	69.4
Residents on individually written bowel and bladder retraining program.	3	2.6	3.8	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	15.7	32.3	39.1
Completely bedfast residents.	1	0.9	0.9	3.2
Residents confined to chairs.	50	43.5	41.9	52.3
Residents requiring restraints.	32	27.8	41.8	40.4
Confused or disoriented residents.	65	56.5	59.9	58.6
Residents with bed sores.	7	6.1	5.5	7.6
Residents receiving special skin care.	19	16.5	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	NOT MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	NOT MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	NOT MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F135 F191* F262 F293* F294 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ANNEMARK NURSING HOME INC

Street Address: 133 SALEM ST		**City and State:** REVERE, MA 02151	
Participation: MEDICAID SNF/ICF	**# of Beds:** 140	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/13/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
134	0	105

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	98	73.1	79.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	109	81.3	84.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	97	72.4	73.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	134	100	78.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	80	59.7	68.3	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	21.6	32.3	39.1
Completely bedfast residents.	0	0.0	0.9	3.2
Residents confined to chairs.	48	35.8	41.9	52.3
Residents requiring restraints.	63	47.0	41.8	40.4
Confused or disoriented residents.	83	61.9	59.9	58.6
Residents with bed sores.	2	1.5	5.5	7.6
Residents receiving special skin care.	32	23.9	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F086 F098 F099 F100 F102 F126 F129*
F132* F134 F135 F167* F169 F171 F173* F174
F175 F218* F332* F339 F340* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ATLANTICARE NURSING HOMES INC

Street Address: 204 PROCTOR AVE	**City and State:** REVERE, MA 02151

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 123	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/17/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
121	1	98

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	101	83.5	79.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	107	88.4	84.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	90	74.4	73.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	72.7	78.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	75	62.0	68.3	69.4
Residents on individually written bowel and bladder retraining program.	9	7.4	3.8	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	16.5	32.3	39.1
Completely bedfast residents.	3	2.5	0.9	3.2
Residents confined to chairs.	38	31.4	41.9	52.3
Residents requiring restraints.	51	42.1	41.8	40.4
Confused or disoriented residents.	67	55.4	59.9	58.6
Residents with bed sores.	12	9.9	5.5	7.6
Residents receiving special skin care.	38	31.4	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F102 F134 F191* F324* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
OAK ISLAND SKILLED NURSING CENTER

Street Address: 400 REVERE BEACH BLVD		**City and State:** REVERE, MA 02151	
Participation: MEDICAID SNF/ICF	**# of Beds:** 136	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
134	0	127

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	100	74.6	79.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	103	76.9	84.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	82	61.2	73.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	65.7	78.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	83	61.9	68.3	69.4
Residents on individually written bowel and bladder retraining program.	2	1.5	3.8	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	66	49.3	32.3	39.1
Completely bedfast residents.	0	0.0	0.9	3.2
Residents confined to chairs.	40	29.9	41.9	52.3
Residents requiring restraints.	72	53.7	41.8	40.4
Confused or disoriented residents.	84	62.7	59.9	58.6
Residents with bed sores.	13	9.7	5.5	7.6
Residents receiving special skin care.	89	66.4	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	NOT MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	NOT MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F086 F102 F127* F244 F293* F294 F313*
F316 F320 F321 F324*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
DEL MANOR NH

Street Address: 54 WEBSTER ST		**City and State:** ROCKLAND, MA 02370	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 110	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/17/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
107	17	72

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	101	94.4	79.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	105	98.1	84.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	100	93.5	73.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	90.7	78.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	95	88.8	68.3	69.4
Residents on individually written bowel and bladder retraining program.	5	4.7	3.8	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	50	46.7	32.3	39.1
Completely bedfast residents.	3	2.8	0.9	3.2
Residents confined to chairs.	76	71.0	41.9	52.3
Residents requiring restraints.	76	71.0	41.8	40.4
Confused or disoriented residents.	83	77.6	59.9	58.6
Residents with bed sores.	5	4.7	5.5	7.6
Residents receiving special skin care.	107	100	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F127* F128* F129* F132* F134 F140 F176
F178 F181* F219 F242* F260 F263

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LINDEN NURSING HOME

Street Address: 167 W WATER ST		**City and State:** ROCKLAND, MA 02370	
Participation: MEDICAID ICF	**# of Beds:** 19	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/26/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
18	0	17

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	4	22.2	69.8	78.5
Dressing Residents requiring some or total assistance in dressing.	9	50.0	68.8	76.5
Toileting Residents requiring some or total assistance in toileting.	5	27.8	48.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	5	27.8	60.0	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	5	27.8	48.1	59.1
Residents on individually written bowel and bladder retraining program.	1	5.6	4.5	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	3	16.7	18.7	30.4
Completely bedfast residents.	0	0.0	0.6	2.8
Residents confined to chairs.	1	5.6	15.6	40.9
Residents requiring restraints.	2	11.1	19.6	30.9
Confused or disoriented residents.	9	50.0	51.5	55.4
Residents with bed sores.	0	0.0	2.7	4.8
Residents receiving special skin care.	3	16.7	21.8	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	1.1	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	19	10.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.5	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	6	3.2	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	3	1.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	13	7.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	1.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	7	3.8	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	6	3.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	6	3.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	1	0.5	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	1	0.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	3.2	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	11.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	15	8.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	13	7.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.6	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	13	7.0	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	4	2.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	37	19.9	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	53	28.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	9	4.8	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	66	35.5	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F134 F313* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SOUTH SHORE NURSING FACILITY

Street Address: 115 NORTH AVE	**City and State:** ROCKLAND, MA 02370

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 84	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/31/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 79	**Medicare Residents:** 1	**Medicaid Residents:** 65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	48	60.8	79.5	82.0
Dressing Residents requiring some or total assistance in dressing.	60	75.9	84.3	84.0
Toileting Residents requiring some or total assistance in toileting.	50	63.3	73.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	62.0	78.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	53	67.1	68.3	69.4
Residents on individually written bowel and bladder retraining program.	1	1.3	3.8	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	16	20.3	32.3	39.1
Completely bedfast residents.	0	0.0	0.9	3.2
Residents confined to chairs.	20	25.3	41.9	52.3
Residents requiring restraints.	35	44.3	41.8	40.4
Confused or disoriented residents.	38	48.1	59.9	58.6
Residents with bed sores.	4	5.1	5.5	7.6
Residents receiving special skin care.	11	13.9	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F132* F134 F135 F139 F259 F272 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
DEN MAR NH

Street Address: 44 SOUTH ST		**City and State:** ROCKPORT, MA 01966	
Participation: MEDICAID SNF/ICF	**# of Beds:** 80	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/06/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
77	0	52

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	53	68.8	79.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	62	80.5	84.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	56	72.7	73.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	80.5	78.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	53	68.8	68.3	69.4
Residents on individually written bowel and bladder retraining program.	2	2.6	3.8	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	9.1	32.3	39.1
Completely bedfast residents.	0	0.0	0.9	3.2
Residents confined to chairs.	49	63.6	41.9	52.3
Residents requiring restraints.	37	48.1	41.8	40.4
Confused or disoriented residents.	48	62.3	59.9	58.6
Residents with bed sores.	4	5.2	5.5	7.6
Residents receiving special skin care.	61	79.2	38.6	31.4

ROCKPORT, MA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	NOT MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F223 F224 F293* F326 F331 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
RECUPERATIVE CENTER

Street Address: 1245 CENTRE ST	**City and State:** ROSLINDALE, MA 02131

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 81	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 10/19/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 71	**Medicare Residents:** 35	**Medicaid Residents:** 16

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	58	81.7	79.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	57	80.3	84.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	49	69.0	73.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	81.7	78.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	42	59.2	68.3	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	8.5	32.3	39.1
Completely bedfast residents.	0	0.0	0.9	3.2
Residents confined to chairs.	17	23.9	41.9	52.3
Residents requiring restraints.	4	5.6	41.8	40.4
Confused or disoriented residents.	11	15.5	59.9	58.6
Residents with bed sores.	9	12.7	5.5	7.6
Residents receiving special skin care.	25	35.2	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F133* F170 F191* F193 F195 F196* F199
F260 F263 F294 F321 F322* F329 F330 F331
F332* F333

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SEA VIEW CONV AND NURSING HOME

Street Address: MANSION DR		**City and State:** ROWLEY, MA 01969	
Participation: MEDICAID ICF	**# of Beds:** 61	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/27/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
60	0	22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	37	61.7	69.8	78.5
Dressing Residents requiring some or total assistance in dressing.	38	63.3	68.8	76.5
Toileting Residents requiring some or total assistance in toileting.	34	56.7	48.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	55.0	60.0	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	56.7	48.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	12	20.0	18.7	30.4
Completely bedfast residents.	0	0.0	0.6	2.8
Residents confined to chairs.	12	20.0	15.6	40.9
Residents requiring restraints.	16	26.7	19.6	30.9
Confused or disoriented residents.	22	36.7	51.5	55.4
Residents with bed sores.	1	1.7	2.7	4.8
Residents receiving special skin care.	1	1.7	21.8	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	1.1	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	19	10.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.5	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	6	3.2	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	3	1.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	13	7.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	1.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	7	3.8	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	6	3.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	6	3.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	1	0.5	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	1	0.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	3.2	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	11.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	15	8.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	13	7.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.6	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	13	7.0	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	4	2.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	37	19.9	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	53	28.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	9	4.8	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	66	35.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F118 F170

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
OAK HAVEN NURSING HOME

Street Address: 74 HOWLAND ST		**City and State:** ROXBURY, MA 02121	
Participation: MEDICAID ICF	**# of Beds:** 36	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/02/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
31	0	29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	23	74.2	69.8	78.5
Dressing				
Residents requiring some or total assistance in dressing.	22	71.0	68.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	17	54.8	48.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	35.5	60.0	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	17	54.8	48.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	2	6.5	18.7	30.4
Completely bedfast residents.	0	0.0	0.6	2.8
Residents confined to chairs.	1	3.2	15.6	40.9
Residents requiring restraints.	2	6.5	19.6	30.9
Confused or disoriented residents.	22	71.0	51.5	55.4
Residents with bed sores.	0	0.0	2.7	4.8
Residents receiving special skin care.	2	6.5	21.8	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	1.1	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	19	10.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.5	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	6	3.2	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	3	1.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	13	7.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	1.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	7	3.8	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	6	3.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	6	3.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	1	0.5	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	1	0.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	3.2	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	11.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	15	8.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	13	7.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.6	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	13	7.0	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	4	2.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	NOT MET	37	19.9	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	53	28.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	9	4.8	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	66	35.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F244 F277 F287 F288 F293* F294 F313* F332*
F344 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
RESTHAVEN CORPORATION

Street Address: 120 FISHER AVE		**City and State:** ROXBURY, MA 02120	
Participation: MEDICAID SNF/ICF	**# of Beds:** 240	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 08/31/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
147	0	142

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	106	72.1	79.5	82.0
Dressing Residents requiring some or total assistance in dressing.	132	89.8	84.3	84.0
Toileting Residents requiring some or total assistance in toileting.	96	65.3	73.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	99	67.3	78.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	97	66.0	68.3	69.4
Residents on individually written bowel and bladder retraining program.	17	11.6	3.8	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	36	24.5	32.3	39.1
Completely bedfast residents.	0	0.0	0.9	3.2
Residents confined to chairs.	90	61.2	41.9	52.3
Residents requiring restraints.	72	49.0	41.8	40.4
Confused or disoriented residents.	119	81.0	59.9	58.6
Residents with bed sores.	5	3.4	5.5	7.6
Residents receiving special skin care.	99	67.3	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	NOT MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F125* F126 F191* F262 F294 F321 F324*
F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SHERIFF MANOR NURSING HOME, INC

Street Address: 176 HUMBOLDT AVE		**City and State:** ROXBURY, MA 02119	
Participation: MEDICAID ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/22/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
56	0	56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	56	100	69.8	78.5
Dressing				
Residents requiring some or total assistance in dressing.	40	71.4	68.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	0	0.0	48.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	60.0	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	19	33.9	48.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	18.7	30.4
Completely bedfast residents.	0	0.0	0.6	2.8
Residents confined to chairs.	0	0.0	15.6	40.9
Residents requiring restraints.	2	3.6	19.6	30.9
Confused or disoriented residents.	50	89.3	51.5	55.4
Residents with bed sores.	2	3.6	2.7	4.8
Residents receiving special skin care.	5	8.9	21.8	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	1.1	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	19	10.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.5	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	6	3.2	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	3	1.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	13	7.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	1.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	7	3.8	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	6	3.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	6	3.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	1	0.5	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	1	0.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	3.2	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	11.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	15	8.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	13	7.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.6	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	13	7.0	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	4	2.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	37	19.9	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	53	28.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	9	4.8	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	66	35.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F293* F294 F298 F313* F328 F345*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
RUTLAND HEIGHTS HOSP- SNF

Street Address: 86 MAPLE STREET		**City and State:** RUTLAND, MA 01543	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 130	**Type of Ownership:** STATE GOVERNMENT	**Survey Date:** 10/31/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
29	8	14

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	29	100	79.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	29	100	84.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	29	100	73.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	100	78.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	29	100	68.3	69.4
Residents on individually written bowel and bladder retraining program.	2	6.9	3.8	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	69.0	32.3	39.1
Completely bedfast residents.	0	0.0	0.9	3.2
Residents confined to chairs.	29	100	41.9	52.3
Residents requiring restraints.	28	96.6	41.8	40.4
Confused or disoriented residents.	7	24.1	59.9	58.6
Residents with bed sores.	3	10.3	5.5	7.6
Residents receiving special skin care.	13	44.8	38.6	31.4

RUTLAND, MA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	NOT MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F169 F224 F242* F260 F261 F262 F263 F321
F324*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
NEWHALL NURSING HOME

Street Address: 7 CARPENTER ST		**City and State:** SALEM, MA 01970	
Participation: MEDICAID ICF	**# of Beds:** 47	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/23/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
45	0	43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	40	88.9	69.8	78.5
Dressing Residents requiring some or total assistance in dressing.	40	88.9	68.8	76.5
Toileting Residents requiring some or total assistance in toileting.	37	82.2	48.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	86.7	60.0	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	32	71.1	48.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	10	22.2	18.7	30.4
Completely bedfast residents.	0	0.0	0.6	2.8
Residents confined to chairs.	6	13.3	15.6	40.9
Residents requiring restraints.	7	15.6	19.6	30.9
Confused or disoriented residents.	24	53.3	51.5	55.4
Residents with bed sores.	1	2.2	2.7	4.8
Residents receiving special skin care.	33	73.3	21.8	23.5

SALEM, MA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	1.1	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	19	10.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.5	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	NOT MET	6	3.2	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	3	1.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	13	7.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	1.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	7	3.8	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	6	3.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	6	3.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	1	0.5	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	1	0.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	3.2	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	11.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	15	8.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	13	7.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.6	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	13	7.0	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	4	2.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	37	19.9	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	53	28.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	9	4.8	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	66	35.5	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F112* F194 F199 F294 F313* F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SHAUGHNESSY KAPLAN REHAB HOSPITAL

Street Address: DOVE AVE		**City and State:** SALEM, MA 01970	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 40	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 11/02/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 31	**Medicare Residents:** 26	**Medicaid Residents:** 2

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	18	58.1	79.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	31	100	84.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	31	100	73.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	87.1	78.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	8	25.8	68.3	69.4
Residents on individually written bowel and bladder retraining program.	1	3.2	3.8	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	29.0	32.3	39.1
Completely bedfast residents.	0	0.0	0.9	3.2
Residents confined to chairs.	10	32.3	41.9	52.3
Residents requiring restraints.	5	16.1	41.8	40.4
Confused or disoriented residents.	5	16.1	59.9	58.6
Residents with bed sores.	4	12.9	5.5	7.6
Residents receiving special skin care.	5	16.1	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	NOT MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F086 F098 F102 F167* F169 F213 F296 F314
F320 F321 F324* F332* F341 F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GREENLEAF HOUSE NURSING HOME

Street Address: 335 ELM ST	**City and State:** SALISBURY, MA 01950

Participation: MEDICAID ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/28/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	**Medicare Residents:** 0	**Medicaid Residents:** 44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	35	59.3	69.8	78.5
Dressing				
Residents requiring some or total assistance in dressing.	37	62.7	68.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	24	40.7	48.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	86.4	60.0	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	22	37.3	48.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	18.6	18.7	30.4
Completely bedfast residents.	0	0.0	0.6	2.8
Residents confined to chairs.	9	15.3	15.6	40.9
Residents requiring restraints.	7	11.9	19.6	30.9
Confused or disoriented residents.	35	59.3	51.5	55.4
Residents with bed sores.	6	10.2	2.7	4.8
Residents receiving special skin care.	18	30.5	21.8	23.5

SALISBURY, MA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	1.1	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	19	10.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.5	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	6	3.2	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	3	1.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	13	7.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	1.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	7	3.8	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	6	3.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	6	3.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	1	0.5	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	1	0.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	3.2	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	22	11.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	15	8.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	13	7.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.6	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	13	7.0	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	4	2.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	NOT MET	37	19.9	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	53	28.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	9	4.8	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	66	35.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F102 F134 F257 F287 F293* F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
NEW BOSTON NURSING HOME

Street Address: ROUTE 57		**City and State:** SANDISFIELD, MA 01255	
Participation: MEDICAID ICF	**# of Beds:** 51	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/03/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
50	0	23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	19	38.0	69.8	78.5
Dressing Residents requiring some or total assistance in dressing.	17	34.0	68.8	76.5
Toileting Residents requiring some or total assistance in toileting.	7	14.0	48.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	6	12.0	60.0	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	17	34.0	48.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	1	2.0	18.7	30.4
Completely bedfast residents.	0	0.0	0.6	2.8
Residents confined to chairs.	4	8.0	15.6	40.9
Residents requiring restraints.	3	6.0	19.6	30.9
Confused or disoriented residents.	5	10.0	51.5	55.4
Residents with bed sores.	0	0.0	2.7	4.8
Residents receiving special skin care.	0	0.0	21.8	23.5

SANDISFIELD, MA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	1.1	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	19	10.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.5	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	6	3.2	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	3	1.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	13	7.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	1.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	7	3.8	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	6	3.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	6	3.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	1	0.5	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	1	0.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	3.2	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	11.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	15	8.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	13	7.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.6	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	13	7.0	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	4	2.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	37	19.9	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	53	28.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	9	4.8	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	66	35.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F298 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CAPE HERITAGE NURSING HOME

Street Address: 37 RT 6A

City and State: SANDWICH, MA 02563

Participation: MEDICARE/MEDICAID SNF/ICF

# of Beds: 123

Type of Ownership: PROPRIETARY

Survey Date: 03/13/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 123

Medicare Residents: 0

Medicaid Residents: 92

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	91	74.0	79.5	82.0
Dressing Residents requiring some or total assistance in dressing.	104	84.6	84.3	84.0
Toileting Residents requiring some or total assistance in toileting.	85	69.1	73.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	66.7	78.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	86	69.9	68.3	69.4
Residents on individually written bowel and bladder retraining program.	3	2.4	3.8	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	35	28.5	32.3	39.1
Completely bedfast residents.	0	0.0	0.9	3.2
Residents confined to chairs.	30	24.4	41.9	52.3
Residents requiring restraints.	52	42.3	41.8	40.4
Confused or disoriented residents.	76	61.8	59.9	58.6
Residents with bed sores.	6	4.9	5.5	7.6
Residents receiving special skin care.	29	23.6	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
ABBEY HILL NH INC

Street Address: 163 HAMILTON ST		**City and State:** SAUGUS, MA 01906	
Participation: MEDICAID ICF	**# of Beds:** 30	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/31/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
30	0	27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	14	46.7	69.8	78.5
Dressing Residents requiring some or total assistance in dressing.	22	73.3	68.8	76.5
Toileting Residents requiring some or total assistance in toileting.	14	46.7	48.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	100	60.0	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	15	50.0	48.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	1	3.3	18.7	30.4
Completely bedfast residents.	0	0.0	0.6	2.8
Residents confined to chairs.	2	6.7	15.6	40.9
Residents requiring restraints.	9	30.0	19.6	30.9
Confused or disoriented residents.	13	43.3	51.5	55.4
Residents with bed sores.	0	0.0	2.7	4.8
Residents receiving special skin care.	2	6.7	21.8	23.5

SAUGUS, MA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	1.1	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	19	10.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.5	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	6	3.2	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	3	1.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	13	7.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	1.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	7	3.8	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	6	3.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	6	3.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	1	0.5	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	1	0.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	3.2	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	11.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	15	8.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	13	7.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.6	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	13	7.0	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	4	2.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	37	19.9	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	53	28.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	9	4.8	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	66	35.5	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F127* F135 F170 F294 F297 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HAMMERSMITH HOUSE NSG. CARE CTR.

Street Address: 73 CHESTNUT ST		**City and State:** SAUGUS, MA 01906	
Participation: MEDICAID SNF/ICF	**# of Beds:** 104	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/29/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
97	0	80

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	52	53.6	79.5	82.0
Dressing Residents requiring some or total assistance in dressing.	71	73.2	84.3	84.0
Toileting Residents requiring some or total assistance in toileting.	66	68.0	73.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	89.7	78.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	67	69.1	68.3	69.4
Residents on individually written bowel and bladder retraining program.	3	3.1	3.8	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	21	21.6	32.3	39.1
Completely bedfast residents.	0	0.0	0.9	3.2
Residents confined to chairs.	34	35.1	41.9	52.3
Residents requiring restraints.	16	16.5	41.8	40.4
Confused or disoriented residents.	84	86.6	59.9	58.6
Residents with bed sores.	4	4.1	5.5	7.6
Residents receiving special skin care.	60	61.9	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F098 F102 F175 F293* F324* F339 F340*
F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LOUISE CAROLINE NURSING HOME

Street Address: 266 LINCOLN AVE	**City and State:** SAUGUS, MA 01906

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 80	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/29/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
78	3	45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	57	73.1	79.5	82.0
Dressing Residents requiring some or total assistance in dressing.	63	80.8	84.3	84.0
Toileting Residents requiring some or total assistance in toileting.	55	70.5	73.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	66.7	78.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	51	65.4	68.3	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	17	21.8	32.3	39.1
Completely bedfast residents.	0	0.0	0.9	3.2
Residents confined to chairs.	16	20.5	41.9	52.3
Residents requiring restraints.	27	34.6	41.8	40.4
Confused or disoriented residents.	38	48.7	59.9	58.6
Residents with bed sores.	13	16.7	5.5	7.6
Residents receiving special skin care.	42	53.8	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F135 F199 F323 F324* F325 F328 F331 F332*
F333 F343 F344 F345* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CARDIGAN NH

Street Address: 59 COUNTRY WAY		**City and State:** SCITUATE, MA 02040	
Participation: MEDICAID ICF	**# of Beds:** 65	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/28/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
62	0	37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	41	66.1	69.8	78.5
Dressing				
Residents requiring some or total assistance in dressing.	43	69.4	68.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	40	64.5	48.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	64.5	60.0	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	35	56.5	48.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	12.9	18.7	30.4
Completely bedfast residents.	0	0.0	0.6	2.8
Residents confined to chairs.	16	25.8	15.6	40.9
Pesidents requiring restraints.	16	25.8	19.6	30.9
Confused or disoriented residents.	36	58.1	51.5	55.4
Residents with bed sores.	5	8.1	2.7	4.8
Residents receiving special skin care.	17	27.4	21.8	23.5

SCITUATE, MA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	1.1	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	2	1.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	19	10.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.5	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	6	3.2	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	3	1.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	13	7.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	1.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	7	3.8	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	6	3.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	6	3.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	1	0.5	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	1	0.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	6	3.2	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	11.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	15	8.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	13	7.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.6	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	13	7.0	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	4	2.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	37	19.9	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	53	28.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	9	4.8	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	66	35.5	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F139 F262 F294

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SCITUATE OCEAN MANOR NURSING HOME

Street Address: 309 DRIFTWAY		**City and State:** SCITUATE, MA 02066	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 117	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 10/19/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
117	6	59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing	103	88.0	79.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	103	88.0	84.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	84	71.8	73.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	87.2	78.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	83	70.9	68.3	69.4
Residents on individually written bowel and bladder retraining program.	2	1.7	3.8	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	46	39.3	32.3	39.1
Completely bedfast residents.	5	4.3	0.9	3.2
Residents confined to chairs.	53	45.3	41.9	52.3
Residents requiring restraints.	56	47.9	41.8	40.4
Confused or disoriented residents.	85	72.6	59.9	58.6
Residents with bed sores.	4	3.4	5.5	7.6
Residents receiving special skin care.	31	26.5	38.6	31.4

SCITUATE, MA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET		12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

SCITUATE, MA

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F102 F114 F135 F294 F321 F345* F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SHARON MANOR NURSING HOME

Street Address: 259 NORWOOD ST	**City and State:** SHARON, MA 02067

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 58	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/20/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
55	0	28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	55	100	79.5	82.0
Dressing Residents requiring some or total assistance in dressing.	54	98.2	84.3	84.0
Toileting Residents requiring some or total assistance in toileting.	46	83.6	73.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	83.6	78.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	39	70.9	68.3	69.4
Residents on individually written bowel and bladder retraining program.	1	1.8	3.8	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	8	14.5	32.3	39.1
Completely bedfast residents.	1	1.8	0.9	3.2
Residents confined to chairs.	41	74.5	41.9	52.3
Residents requiring restraints.	30	54.5	41.8	40.4
Confused or disoriented residents.	37	67.3	59.9	58.6
Residents with bed sores.	3	5.5	5.5	7.6
Residents receiving special skin care.	47	85.5	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F328 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ANCHORAGE NURSING HOME

Street Address: MOHAWK TRAIL		**City and State:** SHELBURNE FALLS, MA 01370	
Participation: MEDICAID ICF	**# of Beds:** 34	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/16/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
33	0	19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	30	90.9	69.8	78.5
Dressing				
Residents requiring some or total assistance in dressing.	29	87.9	68.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	29	87.9	48.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	84.8	60.0	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	26	78.8	48.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	27.3	18.7	30.4
Completely bedfast residents.	2	6.1	0.6	2.8
Residents confined to chairs.	2	6.1	15.6	40.9
Residents requiring restraints.	13	39.4	19.6	30.9
Confused or disoriented residents.	22	66.7	51.5	55.4
Residents with bed sores.	0	0.0	2.7	4.8
Residents receiving special skin care.	0	0.0	21.8	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	1.1	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	19	10.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.5	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	6	3.2	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	3	1.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	13	7.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	1.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	7	3.8	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	6	3.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	6	3.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	1	0.5	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	1	0.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	3.2	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	11.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	15	8.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	13	7.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.6	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	13	7.0	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	4	2.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	37	19.9	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	53	28.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	9	4.8	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	66	35.5	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F096 F102 F105 F263

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SHREWSBURY NH, INC

Street Address: 66 SOUTH ST		**City and State:** SHREWSBURY, MA 01545	
Participation: MEDICAID SNF/ICF	**# of Beds:** 123	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/05/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
118	0	61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	87	73.7	79.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	93	78.8	84.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	85	72.0	73.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	66.9	78.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	82	69.5	68.3	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	23.7	32.3	39.1
Completely bedfast residents.	0	0.0	0.9	3.2
Residents confined to chairs.	38	32.2	41.9	52.3
Residents requiring restraints.	42	35.6	41.8	40.4
Confused or disoriented residents.	74	62.7	59.9	58.6
Residents with bed sores.	10	8.5	5.5	7.6
Residents receiving special skin care.	53	44.9	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F131* F134 F182 F199 F343 F344 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CLIFTON GERIATRIC CENTER LTCF

Street Address:
500 WILBUR AVE

City and State:
SOMERSET, MA 02725

Participation:
MEDICAID SNF/ICF

# of Beds:
130

Type of Ownership:
PROPRIETARY

Survey Date:
05/10/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:
127

Medicare Residents:
0

Medicaid Residents:
79

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	106	83.5	79.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	108	85.0	84.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	95	74.8	73.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	100	78.7	78.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	70	55.1	68.3	69.4
Residents on individually written bowel and bladder retraining program.	28	22.0	3.8	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	44	34.6	32.3	39.1
Completely bedfast residents.	2	1.6	0.9	3.2
Residents confined to chairs.	56	44.1	41.9	52.3
Residents requiring restraints.	58	45.7	41.8	40.4
Confused or disoriented residents.	81	63.8	59.9	58.6
Residents with bed sores.	11	8.7	5.5	7.6
Residents receiving special skin care.	55	43.3	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
JEANNE JUGAN RESIDENCE

Street Address: 186 HIGHLAND AVE		**City and State:** SOMERVILLE, MA 02143	
Participation: MEDICAID SNF/ICF	**# of Beds:** 95	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 06/08/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 54	**Medicare Residents:** 0	**Medicaid Residents:** 47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	40	74.1	79.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	40	74.1	84.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	32	59.3	73.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	51.9	78.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	31	57.4	68.3	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	33.3	32.3	39.1
Completely bedfast residents.	0	0.0	0.9	3.2
Residents confined to chairs.	25	46.3	41.9	52.3
Residents requiring restraints.	6	11.1	41.8	40.4
Confused or disoriented residents.	24	44.4	59.9	58.6
Residents with bed sores.	3	5.6	5.5	7.6
Residents receiving special skin care.	17	31.5	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F194 F288 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PROSPECT HILL MANOR NH

Street Address: 37 MUNROE ST		**City and State:** SOMERVILLE, MA 02143	
Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/24/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
39	0	38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	19	48.7	69.8	78.5
Dressing Residents requiring some or total assistance in dressing.	22	56.4	68.8	76.5
Toileting Residents requiring some or total assistance in toileting.	15	38.5	48.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	43.6	60.0	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	10	25.6	48.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	1	2.6	18.7	30.4
Completely bedfast residents.	0	0.0	0.6	2.8
Residents confined to chairs.	3	7.7	15.6	40.9
Residents requiring restraints.	1	2.6	19.6	30.9
Confused or disoriented residents.	16	41.0	51.5	55.4
Residents with bed sores.	1	2.6	2.7	4.8
Residents receiving special skin care.	10	25.6	21.8	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	2	1.1	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	19	10.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.5	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	6	3.2	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	3	1.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	13	7.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	1.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	7	3.8	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	6	3.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	6	3.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	1	0.5	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	1	0.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	3.2	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	11.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	15	8.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	13	7.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.6	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	13	7.0	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	4	2.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	NOT MET	37	19.9	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	53	28.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	9	4.8	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	66	35.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F102 F127* F134 F135 F199 F287 F289
F293* F313* F328 F344 F345* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SUNRISE NRSG HME

Street Address: 26 ADAMS ST		**City and State:** SOMERVILLE, MA 02145	
Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/22/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
40	0	32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	35	87.5	69.8	78.5
Dressing Residents requiring some or total assistance in dressing.	32	80.0	68.8	76.5
Toileting Residents requiring some or total assistance in toileting.	22	55.0	48.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	87.5	60.0	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	57.5	48.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	21	52.5	18.7	30.4
Completely bedfast residents.	0	0.0	0.6	2.8
Residents confined to chairs.	3	7.5	15.6	40.9
Residents requiring restraints.	20	50.0	19.6	30.9
Confused or disoriented residents.	18	45.0	51.5	55.4
Residents with bed sores.	0	0.0	2.7	4.8
Residents receiving special skin care.	0	0.0	21.8	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 STATE #	STATE %	NATION #	NATION %
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	1.1	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	19	10.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.5	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	6	3.2	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	3	1.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	13	7.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	1.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	7	3.8	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	6	3.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	6	3.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	1	0.5	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	1	0.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	3.2	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	22	11.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	15	8.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	13	7.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.6	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	13	7.0	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	4	2.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	37	19.9	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	53	28.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	9	4.8	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	66	35.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F130 F131* F132* F191* F219 F224 F332*
F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BAYSIDE NH

Street Address:
804 E 7TH ST

City and State:
SOUTH BOSTON, MA 02127

Participation:
MEDICAID SNF/ICF

# of Beds:
103

Type of Ownership:
PROPRIETARY

Survey Date:
01/24/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:
100

Medicare Residents:
0

Medicaid Residents:
79

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	63	63.0	79.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	61	61.0	84.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	51	51.0	73.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	64.0	78.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	59	59.0	68.3	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	18.0	32.3	39.1
Completely bedfast residents.	1	1.0	0.9	3.2
Residents confined to chairs.	61	61.0	41.9	52.3
Residents requiring restraints.	24	24.0	41.8	40.4
Confused or disoriented residents.	43	43.0	59.9	58.6
Residents with bed sores.	5	5.0	5.5	7.6
Residents receiving special skin care.	33	33.0	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

SOUTH BOSTON, MA

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F102 F127* F130 F132* F134 F287 F288
F293* F294 F314 F328 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HARBOR INN NURSING HOME

Street Address: 1380 COLUMBIA RD

City and State: SOUTH BOSTON, MA 02127

Participation: MEDICAID ICF

# of Beds: 111

Type of Ownership: PROPRIETARY

Survey Date: 03/30/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 106

Medicare Residents: 0

Medicaid Residents: 89

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	76	71.7	69.8	78.5
Dressing				
Residents requiring some or total assistance in dressing.	82	77.4	68.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	32	30.2	48.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	13.2	60.0	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	46	43.4	48.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	15.1	18.7	30.4
Completely bedfast residents.	0	0.0	0.6	2.8
Residents confined to chairs.	9	8.5	15.6	40.9
Residents requiring restraints.	20	18.9	19.6	30.9
Confused or disoriented residents.	48	45.3	51.5	55.4
Residents with bed sores.	5	4.7	2.7	4.8
Residents receiving special skin care.	19	17.9	21.8	23.5

SOUTH BOSTON, MA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	1.1	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	19	10.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.5	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	6	3.2	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	3	1.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	13	7.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	1.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	7	3.8	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	6	3.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	6	3.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	1	0.5	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	1	0.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	NOT MET	6	3.2	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	22	11.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	15	8.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	13	7.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.6	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	13	7.0	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	4	2.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	37	19.9	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	53	28.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	9	4.8	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	66	35.5	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F127* F135 F169 F181* F191* F244 F264
F294 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
FRANVALE NH, THE

Street Address: 20 POND ST		**City and State:** SOUTH BRAINTREE, MA 02184	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 91	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/27/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
88	7	68

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	84	95.5	79.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	77	87.5	84.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	61	69.3	73.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	79.5	78.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	69	78.4	68.3	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	36	40.9	32.3	39.1
Completely bedfast residents.	0	0.0	0.9	3.2
Residents confined to chairs.	25	28.4	41.9	52.3
Residents requiring restraints.	35	39.8	41.8	40.4
Confused or disoriented residents.	68	77.3	59.9	58.6
Residents with bed sores.	4	4.5	5.5	7.6
Residents receiving special skin care.	46	52.3	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	NOT MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	NOT MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F134 F181* F196* F197 F199 F206 F321
F332* F339 F340*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BRANDON WOODS LONG TERM CARE FAC

Street Address: 567 DARTMOUTH ST		**City and State:** SOUTH DARTMOUTH, MA 02748	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 108	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/05/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
105	20	64

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	77	73.3	79.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	78	74.3	84.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	76	72.4	73.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	69.5	78.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	69	65.7	68.3	69.4
Residents on individually written bowel and bladder retraining program.	3	2.9	3.8	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	29.5	32.3	39.1
Completely bedfast residents.	0	0.0	0.9	3.2
Residents confined to chairs.	52	49.5	41.9	52.3
Residents requiring restraints.	38	36.2	41.8	40.4
Confused or disoriented residents.	49	46.7	59.9	58.6
Residents with bed sores.	5	4.8	5.5	7.6
Residents receiving special skin care.	70	66.7	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	NOT MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F322* F324* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HILLSIDE NURSING HOME

Street Address: NORTH HILLSIDE RD	**City and State:** SOUTH DEERFIELD, MA 01343

Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/23/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 45	**Medicare Residents:** 0	**Medicaid Residents:** 36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	15	33.3	69.8	78.5
Dressing				
Residents requiring some or total assistance in dressing.	23	51.1	68.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	24	53.3	48.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	46.7	60.0	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	21	46.7	48.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	8.9	18.7	30.4
Completely bedfast residents.	0	0.0	0.6	2.8
Residents confined to chairs.	14	31.1	15.6	40.9
Residents requiring restraints.	11	24.4	19.6	30.9
Confused or disoriented residents.	16	35.6	51.5	55.4
Residents with bed sores.	1	2.2	2.7	4.8
Residents receiving special skin care.	1	2.2	21.8	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	1.1	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	19	10.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.5	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	6	3.2	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	3	1.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	13	7.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	1.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	7	3.8	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	6	3.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	6	3.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	1	0.5	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	1	0.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	3.2	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	11.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	15	8.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	13	7.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.6	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	13	7.0	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	4	2.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	37	19.9	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	53	28.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	9	4.8	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	66	35.5	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F117 F135 F223 F224 F226 F227 F285 F287
F294 F297 F356 F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
FALLS NURSING HOME

Street Address: 18 HARTFORD ST		**City and State:** SOUTH HADLEY FALLS, MA 01075	
Participation: MEDICAID ICF	**# of Beds:** 44	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 04/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
42	0	38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	13	31.0	69.8	78.5
Dressing				
Residents requiring some or total assistance in dressing.	19	45.2	68.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	15	35.7	48.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	42.9	60.0	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	7	16.7	48.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	11.9	18.7	30.4
Completely bedfast residents.	0	0.0	0.6	2.8
Residents confined to chairs.	16	38.1	15.6	40.9
Residents requiring restraints.	10	23.8	19.6	30.9
Confused or disoriented residents.	14	33.3	51.5	55.4
Residents with bed sores.	2	4.8	2.7	4.8
Residents receiving special skin care.	5	11.9	21.8	23.5

SOUTH HADLEY FALLS, MA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	1.1	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	19	10.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.5	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	6	3.2	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	3	1.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	13	7.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	1.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	7	3.8	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	6	3.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	6	3.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	1	0.5	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	1	0.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	3.2	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	11.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	15	8.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	13	7.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.6	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	13	7.0	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	4	2.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	37	19.9	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	53	28.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	9	4.8	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	66	35.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

SOUTH HADLEY FALLS, MA

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F096 F169 F199 F332* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MEADOWOOD NURSING HOME

Street Address: 573 GRANBY RD		**City and State:** SOUTH HADLEY, MA 01075	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/06/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
62	0	7

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	26	41.9	79.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	39	62.9	84.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	28	45.2	73.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	38.7	78.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	19	30.6	68.3	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	16.1	32.3	39.1
Completely bedfast residents.	0	0.0	0.9	3.2
Residents confined to chairs.	12	19.4	41.9	52.3
Residents requiring restraints.	0	0.0	41.8	40.4
Confused or disoriented residents.	36	58.1	59.9	58.6
Residents with bed sores.	0	0.0	5.5	7.6
Residents receiving special skin care.	45	72.6	38.6	31.4

SOUTH HADLEY, MA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	NOT MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F240 F241 F242* F243 F244

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PROVIDENCE HSE NH OF SOUTHBRIDGE

Street Address: 84 CHAPIN ST		**City and State:** SOUTHBRIDGE, MA 01550	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 226	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 09/28/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
224	9	184

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	166	74.1	79.5	82.0
Dressing Residents requiring some or total assistance in dressing.	190	84.8	84.3	84.0
Toileting Residents requiring some or total assistance in toileting.	152	67.9	73.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	149	66.5	78.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	147	65.6	68.3	69.4
Residents on individually written bowel and bladder retraining program.	7	3.1	3.8	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	89	39.7	32.3	39.1
Completely bedfast residents.	1	0.4	0.9	3.2
Residents confined to chairs.	99	44.2	41.9	52.3
Residents requiring restraints.	91	40.6	41.8	40.4
Confused or disoriented residents.	121	54.0	59.9	58.6
Residents with bed sores.	21	9.4	5.5	7.6
Residents receiving special skin care.	65	29.0	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	NOT MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F118 F218* F251 F272 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CHAPIN CENTER NURSING HOME

Street Address: 200 KENDALL ST		**City and State:** SPRINGFIELD, MA 01104	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 160	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/30/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
157	20	92

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	123	78.3	79.5	82.0
Dressing Residents requiring some or total assistance in dressing.	138	87.9	84.3	84.0
Toileting Residents requiring some or total assistance in toileting.	124	79.0	73.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	123	78.3	78.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	114	72.6	68.3	69.4
Residents on individually written bowel and bladder retraining program.	10	6.4	3.8	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	50	31.8	32.3	39.1
Completely bedfast residents.	1	0.6	0.9	3.2
Residents confined to chairs.	72	45.9	41.9	52.3
Residents requiring restraints.	81	51.6	41.8	40.4
Confused or disoriented residents.	97	61.8	59.9	58.6
Residents with bed sores.	18	11.5	5.5	7.6
Residents receiving special skin care.	19	12.1	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F134 F191* F249 F332* F345*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CRESCENT HILL NURSING CENTER

Street Address: 370 PINE ST		**City and State:** SPRINGFIELD, MA 01105	
Participation: MEDICAID SNF/ICF	**# of Beds:** 170	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/12/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
154	0	151

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	144	93.5	79.5	82.0
Dressing Residents requiring some or total assistance in dressing.	119	77.3	84.3	84.0
Toileting Residents requiring some or total assistance in toileting.	85	55.2	73.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	60.4	78.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	98	63.6	68.3	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	22	14.3	32.3	39.1
Completely bedfast residents.	2	1.3	0.9	3.2
Residents confined to chairs.	30	19.5	41.9	52.3
Residents requiring restraints.	33	21.4	41.8	40.4
Confused or disoriented residents.	107	69.5	59.9	58.6
Residents with bed sores.	15	9.7	5.5	7.6
Residents receiving special skin care.	52	33.8	38.6	31.4

SPRINGFIELD, MA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	NOT MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F073* F085* F124 F125* F126 F127* F128* F129*
F130 F132* F134 F139 F206 F241 F242* F244
F262 F288 F289 F293* F305 F313* F320 F321
F324*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CRESCENT HILL NURSING CENTER

Street Address: 370 PINE ST		**City and State:** SPRINGFIELD, MA 01105	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 170	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/12/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
157	6	147

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	105	66.9	79.5	82.0
Dressing Residents requiring some or total assistance in dressing.	143	91.1	84.3	84.0
Toileting Residents requiring some or total assistance in toileting.	118	75.2	73.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	126	80.3	78.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	99	63.1	68.3	69.4
Residents on individually written bowel and bladder retraining program.	6	3.8	3.8	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	50	31.8	32.3	39.1
Completely bedfast residents.	0	0.0	0.9	3.2
Residents confined to chairs.	69	43.9	41.9	52.3
Residents requiring restraints.	18	11.5	41.8	40.4
Confused or disoriented residents.	86	54.8	59.9	58.6
Residents with bed sores.	16	10.2	5.5	7.6
Residents receiving special skin care.	64	40.8	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	NOT MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	NOT MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	NOT MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	NOT MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	37	10.7	2140	20.8
The facility has availabie at all times a quantity of linen essential for proper care and comfort of residents.	N/A	NOT MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F102 F126 F131* F142 F175 F218* F280
F281 F287 F289 F313* F321 F324* F345* F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
RING NURSING HOME-SOUTH

Street Address: 155 MILL ST

City and State: SPRINGFIELD, MA 01105

Participation: MEDICAID SNF/ICF

# of Beds: 110

Type of Ownership: PROPRIETARY

Survey Date: 06/22/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 107

Medicare Residents: 0

Medicaid Residents: 69

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	85	79.4	79.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	85	79.4	84.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	81	75.7	73.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	77.6	78.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	83	77.6	68.3	69.4
Residents on individually written bowel and bladder retraining program.	3	2.8	3.8	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	34.6	32.3	39.1
Completely bedfast residents.	1	0.9	0.9	3.2
Residents confined to chairs.	49	45.8	41.9	52.3
Residents requiring restraints.	54	50.5	41.8	40.4
Confused or disoriented residents.	81	75.7	59.9	58.6
Residents with bed sores.	5	4.7	5.5	7.6
Residents receiving special skin care.	9	8.4	38.6	31.4

SPRINGFIELD, MA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F258 F323 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
RING NURSING HOME/EAST

Street Address: 215 BICENTENNIAL HWY		**City and State:** SPRINGFIELD, MA 01118	
Participation: MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/19/89

Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO.

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
76	0	55

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	49	64.5	79.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	61	80.3	84.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	54	71.1	73.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	75.0	78.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	49	64.5	68.3	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	13.2	32.3	39.1
Completely bedfast residents.	0	0.0	0.9	3.2
Residents confined to chairs.	26	34.2	41.9	52.3
Residents requiring restraints.	27	35.5	41.8	40.4
Confused or disoriented residents.	58	76.3	59.9	58.6
Residents with bed sores.	3	3.9	5.5	7.6
Residents receiving special skin care.	37	48.7	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	NOT MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	NOT MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	NOT MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F117 F118 F181* F182 F196* F199 F236
F242* F243 F256 F263 F273 F294

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
RING NURSING HOME/RIDGEWOOD

Street Address: 22 RIDGEWOOD PL		**City and State:** SPRINGFIELD, MA 01105	
Participation: MEDICAID ICF	**# of Beds:** 108	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/22/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
108	0	97

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	63	58.3	69.8	78.5
Dressing				
Residents requiring some or total assistance in dressing.	82	75.9	68.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	63	58.3	48.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	60.2	60.0	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	66	61.1	48.1	59.1
Residents on individually written bowel and bladder retraining program.	1	0.9	4.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	21.3	18.7	30.4
Completely bedfast residents.	0	0.0	0.6	2.8
Residents confined to chairs.	39	36.1	15.6	40.9
Residents requiring restraints.	34	31.5	19.6	30.9
Confused or disoriented residents.	66	61.1	51.5	55.4
Residents with bed sores.	7	6.5	2.7	4.8
Residents receiving special skin care.	22	20.4	21.8	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	1.1	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	19	10.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.5	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	6	3.2	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	3	1.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	13	7.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	1.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	7	3.8	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	6	3.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	6	3.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	1	0.5	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	1	0.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	3.2	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	22	11.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	15	8.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	13	7.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.6	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	13	7.0	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	4	2.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	37	19.9	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	53	28.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	9	4.8	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	66	35.5	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F218* F289 F313*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SPRUCE MANOR NURSING HOME

Street Address:
388 CENTRAL ST

City and State:
SPRINGFIELD, MA 01105

Participation:
MEDICAID ICF

# of Beds:
150

Type of Ownership:
PROPRIETARY

Survey Date:
12/18/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:
136

Medicare Residents:
0

Medicaid Residents:
131

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	94	69.1	69.8	78.5
Dressing				
Residents requiring some or total assistance in dressing.	67	49.3	68.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	58	42.6	48.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	27.9	60.0	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	53	39.0	48.1	59.1
Residents on individually written bowel and bladder retraining program.	4	2.9	4.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	10.3	18.7	30.4
Completely bedfast residents.	0	0.0	0.6	2.8
Residents confined to chairs.	32	23.5	15.6	40.9
Residents requiring restraints.	12	8.8	19.6	30.9
Confused or disoriented residents.	98	72.1	51.5	55.4
Residents with bed sores.	1	0.7	2.7	4.8
Residents receiving special skin care.	0	0.0	21.8	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	1.1	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	19	10.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.5	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	6	3.2	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	3	1.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	13	7.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	1.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	7	3.8	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	6	3.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	6	3.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	1	0.5	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	1	0.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	3.2	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	11.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	15	8.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	13	7.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.6	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	13	7.0	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	4	2.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	37	19.9	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	53	28.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	9	4.8	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	66	35.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

SPRINGFIELD, MA

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F099 F101 F102 F105 F126 F127* F130 F169
F175 F292 F293* F294 F297 F298 F312 F313*
F316 F332* F346 F348 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SUMMERFIELD PINE MANOR NH

Street Address: 1190 LIBERTY ST	**City and State:** SPRINGFIELD, MA 01104

Participation: MEDICAID ICF	**# of Beds:** 101	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/24/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 94	**Medicare Residents:** 0	**Medicaid Residents:** 76

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	34	36.2	69.8	78.5
Dressing Residents requiring some or total assistance in dressing.	52	55.3	68.8	76.5
Toileting Residents requiring some or total assistance in toileting.	41	43.6	48.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	50.0	60.0	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	43	45.7	48.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	20	21.3	18.7	30.4
Completely bedfast residents.	0	0.0	0.6	2.8
Residents confined to chairs.	7	7.4	15.6	40.9
Residents requiring restraints.	8	8.5	19.6	30.9
Confused or disoriented residents.	24	25.5	51.5	55.4
Residents with bed sores.	4	4.3	2.7	4.8
Residents receiving special skin care.	15	16.0	21.8	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	1.1	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	19	10.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.5	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	6	3.2	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	3	1.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	13	7.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	1.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	7	3.8	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	6	3.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	6	3.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	1	0.5	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	1	0.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	3.2	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	22	11.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	15	8.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	13	7.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.6	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	13	7.0	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	4	2.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	37	19.9	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	53	28.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	9	4.8	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	66	35.5	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F191* F287 F289 F293* F294 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BEAR HILL NURSING CENTER

Street Address: 11 NORTH ST		**City and State:** STONEHAM, MA 02180	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 125	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/27/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
118	4	62

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	92	78.0	79.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	94	79.7	84.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	89	75.4	73.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	77.1	78.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	85	72.0	68.3	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	20.3	32.3	39.1
Completely bedfast residents.	2	1.7	0.9	3.2
Residents confined to chairs.	78	66.1	41.9	52.3
Residents requiring restraints.	48	40.7	41.8	40.4
Confused or disoriented residents.	77	65.3	59.9	58.6
Residents with bed sores.	7	5.9	5.5	7.6
Residents receiving special skin care.	28	23.7	38.6	31.4

STONEHAM, MA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

STONEHAM, MA

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F206 F251 F294 F328 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SUNSHINE NURSING HOME

Street Address:
12 BENTON ST

City and State:
STONEHAM, MA 02180

Participation:
MEDICAID ICF

# of Beds:
36

Type of Ownership:
PROPRIETARY

Survey Date:
06/08/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:
35

Medicare Residents:
0

Medicaid Residents:
25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	28	80.0	69.8	78.5
Dressing Residents requiring some or total assistance in dressing.	28	80.0	68.8	76.5
Toileting Residents requiring some or total assistance in toileting.	24	68.6	48.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	100	60.0	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	19	54.3	48.1	59.1
Residents on individually written bowel and bladder retraining program.	1	2.9	4.5	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	10	28.6	18.7	30.4
Completely bedfast residents.	0	0.0	0.6	2.8
Residents confined to chairs.	11	31.4	15.6	40.9
Residents requiring restraints.	15	42.9	19.6	30.9
Confused or disoriented residents.	17	48.6	51.5	55.4
Residents with bed sores.	2	5.7	2.7	4.8
Residents receiving special skin care.	13	37.1	21.8	23.5

STONEHAM, MA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	1.1	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	19	10.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.5	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	6	3.2	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	3	1.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	13	7.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	1.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	7	3.8	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	6	3.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	6	3.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	1	0.5	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	1	0.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	3.2	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	11.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	15	8.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	13	7.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.6	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	13	7.0	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	4	2.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	37	19.9	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	53	28.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	9	4.8	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	66	35.5	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F119 F126 F139 F294 F328 F332* F345*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BLUE HILLS CONV HOME

Street Address: 1044 PARK ST		**City and State:** STOUGHTON, MA 02072	
Participation: MEDICAID SNF/ICF	**# of Beds:** 101	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/08/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
97	0	90

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	88	90.7	79.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	88	90.7	84.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	73	75.3	73.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	75.3	78.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	74	76.3	68.3	69.4
Residents on individually written bowel and bladder retraining program.	6	6.2	3.8	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	44	45.4	32.3	39.1
Completely bedfast residents.	0	0.0	0.9	3.2
Residents confined to chairs.	27	27.8	41.9	52.3
Residents requiring restraints.	36	37.1	41.8	40.4
Confused or disoriented residents.	68	70.1	59.9	58.6
Residents with bed sores.	0	0.0	5.5	7.6
Residents receiving special skin care.	38	39.2	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F313* F322* F323 F325 F326 F328 F331
F332* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
NORFOLK NURSING HOME

Street Address: 94 PROSPECT ST		**City and State:** STOUGHTON, MA 02072	
Participation: MEDICAID ICF	**# of Beds:** 59	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/30/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
55	0	48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	51	92.7	69.8	78.5
Dressing				
Residents requiring some or total assistance in dressing.	32	58.2	68.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	14	25.5	48.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	21.8	60.0	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	13	23.6	48.1	59.1
Residents on individually written bowel and bladder retraining program.	2	3.6	4.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	7.3	18.7	30.4
Completely bedfast residents.	1	1.8	0.6	2.8
Residents confined to chairs.	9	16.4	15.6	40.9
Residents requiring restraints.	9	16.4	19.6	30.9
Confused or disoriented residents.	32	58.2	51.5	55.4
Residents with bed sores.	2	3.6	2.7	4.8
Residents receiving special skin care.	4	7.3	21.8	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	1.1	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	19	10.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.5	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	6	3.2	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	3	1.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	13	7.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	1.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	7	3.8	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	6	3.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	6	3.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility durng its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	1	0.5	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	1	0.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	3.2	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	11.8	1194	22.6
Menus are planned and followed to meet the nutritonal needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	15	8.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	13	7.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.6	299	5.7
An ongoing program of meaningful activities is provded, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	13	7.0	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	4	2.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	37	19.9	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	53	28.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	9	4.8	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	66	35.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F170 F256 F261 F263 F313* F328

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
COZY CORNER NURSING HOME INC

Street Address: OLD AMHERST RD PO BOX 405		**City and State:** SUNDERLAND, MA 01375	
Participation: MEDICAID ICF	**# of Beds:** 57	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 02/28/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 55	**Medicare Residents:** 0	**Medicaid Residents:** 28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	47	85.5	69.8	78.5
Dressing				
Residents requiring some or total assistance in dressing.	44	80.0	68.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	34	61.8	48.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	45.5	60.0	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	36	65.5	48.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	23.6	18.7	30.4
Completely bedfast residents.	0	0.0	0.6	2.8
Residents confined to chairs.	12	21.8	15.6	40.9
Residents requiring restraints.	5	9.1	19.6	30.9
Confused or disoriented residents.	38	69.1	51.5	55.4
Residents with bed sores.	1	1.8	2.7	4.8
Residents receiving special skin care.	1	1.8	21.8	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	1.1	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	19	10.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.5	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	6	3.2	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	3	1.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	13	7.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	1.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	7	3.8	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	6	3.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	6	3.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	1	0.5	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	1	0.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	3.2	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	22	11.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	15	8.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	13	7.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.6	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	13	7.0	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	4	2.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	37	19.9	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	53	28.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	9	4.8	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	66	35.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F117 F129* F134 F190 F191* F194 F198 F199
F223 F224 F256 F260 F263 F287 F330 F332*
F353

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
JEWISH REHAB CENTER FOR AGED

Street Address: 330 PARADISE RD		**City and State:** SWAMPSCOTT, MA 01907	
Participation: MEDICAID SNF/ICF	**# of Beds:** 171	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 06/23/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
166	0	141

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	140	84.3	79.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	125	75.3	84.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	106	63.9	73.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	129	77.7	78.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	118	71.1	68.3	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	130	78.3	32.3	39.1
Completely bedfast residents.	2	1.2	0.9	3.2
Residents confined to chairs.	102	61.4	41.9	52.3
Residents requiring restraints.	69	41.6	41.8	40.4
Confused or disoriented residents.	71	42.8	59.9	58.6
Residents with bed sores.	16	9.6	5.5	7.6
Residents receiving special skin care.	36	21.7	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	NOT MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	NOT MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F102 F114 F118 F293* F294 F297 F332* F340*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
COUNTRY GARDENS NH

Street Address: 2045 G A R HWY	**City and State:** SWANSEA, MA 02777

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 86	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/03/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 84	**Medicare Residents:** 26	**Medicaid Residents:** 43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	57	67.9	79.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	81	96.4	84.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	70	83.3	73.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	83.3	78.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	65	77.4	68.3	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	51	60.7	32.3	39.1
Completely bedfast residents.	1	1.2	0.9	3.2
Residents confined to chairs.	57	67.9	41.9	52.3
Residents requiring restraints.	53	63.1	41.8	40.4
Confused or disoriented residents.	55	65.5	59.9	58.6
Residents with bed sores.	9	10.7	5.5	7.6
Residents receiving special skin care.	57	67.9	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F134 F294

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GARDNERS GROVE NSG. HOME

Street Address: 924 GARDNERS NECK RD		**City and State:** SWANSEA, MA 02777	
Participation: MEDICAID ICF	**# of Beds:** 27	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/27/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
26	0	25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	13	50.0	69.8	78.5
Dressing Residents requiring some or total assistance in dressing.	26	100	68.8	76.5
Toileting Residents requiring some or total assistance in toileting.	13	50.0	48.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	100	60.0	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	15	57.7	48.1	59.1
Residents on individually written bowel and bladder retraining program.	3	11.5	4.5	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	5	19.2	18.7	30.4
Completely bedfast residents.	1	3.8	0.6	2.8
Residents confined to chairs.	6	23.1	15.6	40.9
Residents requiring restraints.	3	11.5	19.6	30.9
Confused or disoriented residents.	12	46.2	51.5	55.4
Residents with bed sores.	0	0.0	2.7	4.8
Residents receiving special skin care.	26	100	21.8	23.5

SWANSEA, MA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	1.1	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	19	10.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.5	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	6	3.2	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	3	1.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	13	7.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	1.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	7	3.8	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	6	3.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	6	3.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	1	0.5	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	1	0.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	3.2	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	11.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	15	8.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	13	7.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.6	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	13	7.0	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	4	2.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	37	19.9	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	53	28.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	9	4.8	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	66	35.5	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F096 F119 F135 F169 F287 F297 F328

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LONGMEADOW OF TAUNTON A SNF

Street Address: 68 DEAN ST REAR	**City and State:** TAUNTON, MA 02780

Participation: MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 100	**Medicare Residents:** 0	**Medicaid Residents:** 71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	80	80.0	79.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	78	78.0	84.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	65	65.0	73.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	64.0	78.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	64	64.0	68.3	69.4
Residents on individually written bowel and bladder retraining program.	2	2.0	3.8	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	23.0	32.3	39.1
Completely bedfast residents.	0	0.0	0.9	3.2
Residents confined to chairs.	18	18.0	41.9	52.3
Residents requiring restraints.	47	47.0	41.8	40.4
Confused or disoriented residents.	57	57.0	59.9	58.6
Residents with bed sores.	0	0.0	5.5	7.6
Residents receiving special skin care.	14	14.0	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F324*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MARION MANOR OF TAUNTON

Street Address: 33 SUMMER ST		**City and State:** TAUNTON, MA 02780	
Participation: MEDICAID SNF/ICF	**# of Beds:** 83	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 06/29/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
75	0	67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	67	89.3	79.5	82.0
Dressing Residents requiring some or total assistance in dressing.	60	80.0	84.3	84.0
Toileting Residents requiring some or total assistance in toileting.	48	64.0	73.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	61.3	78.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	47	62.7	68.3	69.4
Residents on individually written bowel and bladder retraining program.	20	26.7	3.8	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	23	30.7	32.3	39.1
Completely bedfast residents.	0	0.0	0.9	3.2
Residents confined to chairs.	51	68.0	41.9	52.3
Residents requiring restraints.	26	34.7	41.8	40.4
Confused or disoriented residents.	36	48.0	59.9	58.6
Residents with bed sores.	2	2.7	5.5	7.6
Residents receiving special skin care.	41	54.7	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F119 F120 F132* F134 F321 F324*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
TAUNTON NURSING HOME

Street Address: 350 NORTON AVE		**City and State:** TAUNTON, MA 02780	
Participation: MEDICAID ICF	**# of Beds:** 39	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 06/30/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
20	0	19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	15	75.0	69.8	78.5
Dressing Residents requiring some or total assistance in dressing.	16	80.0	68.8	76.5
Toileting Residents requiring some or total assistance in toileting.	15	75.0	48.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	70.0	60.0	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	15	75.0	48.1	59.1
Residents on individually written bowel and bladder retraining program.	5	25.0	4.5	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	3	15.0	18.7	30.4
Completely bedfast residents.	0	0.0	0.6	2.8
Residents confined to chairs.	4	20.0	15.6	40.9
Residents requiring restraints.	1	5.0	19.6	30.9
Confused or disoriented residents.	14	70.0	51.5	55.4
Residents with bed sores.	1	5.0	2.7	4.8
Residents receiving special skin care.	7	35.0	21.8	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	2	1.1	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	19	10.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.5	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	6	3.2	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	3	1.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	13	7.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	1.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	7	3.8	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	6	3.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	6	3.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	1	0.5	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	1	0.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	3.2	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	11.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	15	8.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	13	7.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.6	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	13	7.0	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	4	2.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	37	19.9	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	53	28.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	9	4.8	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	66	35.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F293* F345*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WEDGEMERE CONV HOME

Street Address: 146 DEAN ST		**City and State:** TAUNTON, MA 02780	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 82	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/08/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
79	5	50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	67	84.8	79.5	82.0
Dressing Residents requiring some or total assistance in dressing.	73	92.4	84.3	84.0
Toileting Residents requiring some or total assistance in toileting.	65	82.3	73.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	70.9	78.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	57	72.2	68.3	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	16	20.3	32.3	39.1
Completely bedfast residents.	0	0.0	0.9	3.2
Residents confined to chairs.	57	72.2	41.9	52.3
Residents requiring restraints.	17	21.5	41.8	40.4
Confused or disoriented residents.	37	46.8	59.9	58.6
Residents with bed sores.	9	11.4	5.5	7.6
Residents receiving special skin care.	79	100	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

TAUNTON, MA

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F129* F131* F169 F196* F321 F332* F339
F340* F346 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BLAIRE HOUSE LTCF TEWKSBURY

Street Address: 10 ERLIN TERRACE		**City and State:** TEWKSBURY, MA 01876	
Participation: MEDICAID SNF/ICF	**# of Beds:** 124	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/24/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
121	0	92

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	88	72.7	79.5	82.0
Dressing Residents requiring some or total assistance in dressing.	96	79.3	84.3	84.0
Toileting Residents requiring some or total assistance in toileting.	92	76.0	73.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	67.8	78.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	82	67.8	68.3	69.4
Residents on individually written bowel and bladder retraining program.	6	5.0	3.8	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	27	22.3	32.3	39.1
Completely bedfast residents.	0	0.0	0.9	3.2
Residents confined to chairs.	32	26.4	41.9	52.3
Residents requiring restraints.	44	36.4	41.8	40.4
Confused or disoriented residents.	89	73.6	59.9	58.6
Residents with bed sores.	8	6.6	5.5	7.6
Residents receiving special skin care.	8	6.6	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	NOT MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	NOT MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	NOT MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	NOT MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	NOT MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	NOT MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	NOT MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	NOT MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	NOT MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F096 F098 F099 F101 F102 F127* F128* F131*
F170 F173* F206 F218* F243 F280 F293* F297
F313* F321 F324* F325 F331 F332* F341 F342
F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
KNOWLTON MANOR NH

Street Address: 145 MAIN ST		**City and State:** UPTON, MA 01587	
Participation: MEDICAID ICF	**# of Beds:** 37	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/23/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
36	0	31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	34	94.4	69.8	78.5
Dressing				
Residents requiring some or total assistance in dressing.	28	77.8	68.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	19	52.8	48.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	94.4	60.0	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	31	86.1	48.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	13.9	18.7	30.4
Completely bedfast residents.	0	0.0	0.6	2.8
Residents confined to chairs.	3	8.3	15.6	40.9
Residents requiring restraints.	8	22.2	19.6	30.9
Confused or disoriented residents.	15	41.7	51.5	55.4
Residents with bed sores.	1	2.8	2.7	4.8
Residents receiving special skin care.	3	8.3	21.8	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	1.1	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	19	10.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.5	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	6	3.2	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	3	1.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	13	7.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	1.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	7	3.8	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	6	3.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	6	3.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	1	0.5	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	1	0.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	3.2	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	22	11.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	15	8.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	13	7.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.6	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	13	7.0	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	4	2.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	37	19.9	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	53	26.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	9	4.8	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	66	35.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F191* F199 F259 F262

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GREENVIEW MANOR NURS HOME

Street Address: BATHOL ST		**City and State:** WAKEFIELD, MA 01880	
Participation: MEDICAID SNF/ICF	**# of Beds:** 108	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/30/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
107	0	74

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	103	96.3	79.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	103	96.3	84.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	103	96.3	73.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	100	93.5	78.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	96	89.7	68.3	69.4
Residents on individually written bowel and bladder retraining program.	8	7.5	3.8	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	57	53.3	32.3	39.1
Completely bedfast residents.	1	0.9	0.9	3.2
Residents confined to chairs.	61	57.0	41.9	52.3
Residents requiring restraints.	59	55.1	41.8	40.4
Confused or disoriented residents.	77	72.0	59.9	58.6
Residents with bed sores.	8	7.5	5.5	7.6
Residents receiving special skin care.	64	59.8	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102	F105	F126	F134	F260	F321	F328	F331
F332*	F340*	F345*	F346				

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GREENWOOD NURSING HOME

Street Address: 90 GREENWOOD ST		**City and State:** WAKEFIELD, MA 01880	
Participation: MEDICAID ICF	**# of Beds:** 36	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/25/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
33	0	26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	30	90.9	69.8	78.5
Dressing Residents requiring some or total assistance in dressing.	28	84.8	68.8	76.5
Toileting Residents requiring some or total assistance in toileting.	18	54.5	48.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	39.4	60.0	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	18	54.5	48.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	5	15.2	18.7	30.4
Completely bedfast residents.	0	0.0	0.6	2.8
Residents confined to chairs.	6	18.2	15.6	40.9
Residents requiring restraints.	3	9.1	19.6	30.9
Confused or disoriented residents.	22	66.7	51.5	55.4
Residents with bed sores.	2	6.1	2.7	4.8
Residents receiving special skin care.	2	6.1	21.8	23.5

WAKEFIELD, MA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 STATE #	STATE %	NATION #	NATION %
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	1.1	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	19	10.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.5	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	6	3.2	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	3	1.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	13	7.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	1.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	7	3.8	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	6	3.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	6	3.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	1	0.5	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	1	0.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	3.2	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	22	11.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	15	8.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	13	7.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.6	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	13	7.0	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	4	2.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	37	19.9	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	53	28.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	9	4.8	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	66	35.5	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F061 F117 F191* F287

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
KIRKWOOD NURSING HOME

Street Address: 202 MAIN ST		**City and State:** WAKEFIELD, MA 01880	
Participation: MEDICAID ICF	**# of Beds:** 32	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 08/16/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
31	0	20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	22	71.0	69.8	78.5
Dressing Residents requiring some or total assistance in dressing.	20	64.5	68.8	76.5
Toileting Residents requiring some or total assistance in toileting.	15	48.4	48.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	67.7	60.0	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	14	45.2	48.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	11	35.5	18.7	30.4
Completely bedfast residents.	1	3.2	0.6	2.8
Residents confined to chairs.	6	19.4	15.6	40.9
Residents requiring restraints.	7	22.6	19.6	30.9
Confused or disoriented residents.	26	83.9	51.5	55.4
Residents with bed sores.	0	0.0	2.7	4.8
Residents receiving special skin care.	3	9.7	21.8	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	1.1	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	19	10.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.5	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	6	3.2	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	3	1.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	13	7.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	3	1.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	7	3.8	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	6	3.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	6	3.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	1	0.5	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	1	0.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	3.2	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	22	11.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	15	8.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	13	7.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.6	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	13	7.0	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	4	2.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	37	19.9	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	53	28.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	9	4.8	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	66	35.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

WAKEFIELD, MA

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F102 F128* F135 F170 F191* F223 F224
F257 F263 F288 F298 F325 F328 F330 F332*
F333 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ABBEY FOREST NH

Street Address: 50 FOREST ST		**City and State:** WALTHAM, MA 02154	
Participation: MEDICAID ICF	**# o: Beds:** 37	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/15/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
37	0	35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	33	89.2	69.8	78.5
Dressing				
Residents requiring some or total assistance in dressing.	33	89.2	68.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	11	29.7	48.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	100	60.0	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	19	51.4	48.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	16.2	18.7	30.4
Completely bedfast residents.	0	0.0	0.6	2.8
Residents confined to chairs.	2	5.4	15.6	40.9
Residents requiring restraints.	2	5.4	19.6	30.9
Confused or disoriented residents.	26	70.3	51.5	55.4
Residents with bed sores.	0	0.0	2.7	4.8
Residents receiving special skin care.	24	64.9	21.8	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	1.1	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	19	10.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.5	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	6	3.2	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	3	1.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	13	7.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	1.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	7	3.8	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	6	3.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	6	3.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	1	0.5	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	1	0.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	3.2	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	11.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	15	8.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	13	7.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.6	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	13	7.0	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	4	2.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	37	19.9	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	53	28.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	9	4.8	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	66	35.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F294 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HOPKINS NURSING HOME INC

Street Address: 508 LEXINGTON ST		**City and State:** WALTHAM, MA 02154	
Participation: MEDICAID ICF	**# of Beds:** 19	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/25/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
17	0	15

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	13	76.5	69.8	78.5
Dressing Residents requiring some or total assistance in dressing.	12	70.6	68.8	76.5
Toileting Residents requiring some or total assistance in toileting.	8	47.1	48.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	82.4	60.0	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	12	70.6	48.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	4	23.5	18.7	30.4
Completely bedfast residents.	0	0.0	0.6	2.8
Residents confined to chairs.	2	11.8	15.6	40.9
Residents requiring restraints.	3	17.6	19.6	30.9
Confused or disoriented residents.	13	76.5	51.5	55.4
Residents with bed sores.	0	0.0	2.7	4.8
Residents receiving special skin care.	13	76.5	21.8	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	1.1	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	19	10.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.5	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	6	3.2	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	3	1.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	13	7.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	1.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	7	3.8	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	6	3.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	6	3.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	1	0.5	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	1	0.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	3.2	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	11.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	15	8.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	13	7.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.6	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	13	7.0	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	4	2.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	37	19.9	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	53	28.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	9	4.8	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	66	35.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F135

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LARCHWOOD LODGE NURSING HOME INC

Street Address: 221 WORCESTER LN		**City and State:** WALTHAM, MA 02154	
Participation: MEDICAID ICF	**# of Beds:** 32	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/27/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
31	0	26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	27	87.1	69.8	78.5
Dressing Residents requiring some or total assistance in dressing.	24	77.4	68.8	76.5
Toileting Residents requiring some or total assistance in toileting.	15	48.4	48.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	48.4	60.0	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	16	51.6	48.1	59.1
Residents on individually written bowel and bladder retraining program.	15	48.4	4.5	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	5	16.1	18.7	30.4
Completely bedfast residents.	0	0.0	0.6	2.8
Residents confined to chairs.	1	3.2	15.6	40.9
Residents requiring restraints.	9	29.0	19.6	30.9
Confused or disoriented residents.	25	80.6	51.5	55.4
Residents with bed sores.	0	0.0	2.7	4.8
Residents receiving special skin care.	7	22.6	21.8	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	1.1	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	19	10.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.5	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	6	3.2	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	3	1.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	13	7.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	1.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	7	3.8	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	6	3.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	6	3.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	1	0.5	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	1	0.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	3.2	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	11.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	15	8.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	13	7.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.6	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	13	7.0	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	4	2.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	37	19.9	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	53	28.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	9	4.8	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	66	35.5	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
MARISTHILL NURSING HOME

Street Address: 66 NEWTON ST		**City and State:** WALTHAM, MA 02154	
Participation: MEDICAID SNF/ICF	**# of Beds:** 123	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 05/22/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
118	0	56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	90	76.3	79.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	93	78.8	84.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	89	75.4	73.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	78.0	78.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	76	64.4	68.3	69.4
Residents on individually written bowel and bladder retraining program.	13	11.0	3.8	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	48	40.7	32.3	39.1
Completely bedfast residents.	0	0.0	0.9	3.2
Residents confined to chairs.	30	25.4	41.9	52.3
Residents requiring restraints.	35	29.7	41.8	40.4
Confused or disoriented residents.	80	67.8	59.9	58.6
Residents with bed sores.	6	5.1	5.5	7.6
Residents receiving special skin care.	28	23.7	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F130 F135 F263 F313* F332* F333 F342
F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MEADOW GREEN NURSING HOME

Street Address: 45 WOBURN ST		**City and State:** WALTHAM, MA 02154	
Participation: MEDICAID SNF/ICF	**# of Beds:** 123	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/25/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
98	0	25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	67	68.4	79.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	79	80.6	84.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	71	72.4	73.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	78.6	78.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	68	69.4	68.3	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	28.6	32.3	39.1
Completely bedfast residents.	3	3.1	0.9	3.2
Residents confined to chairs.	47	48.0	41.9	52.3
Residents requiring restraints.	27	27.6	41.8	40.4
Confused or disoriented residents.	34	34.7	59.9	58.6
Residents with bed sores.	7	7.1	5.5	7.6
Residents receiving special skin care.	28	28.6	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	NOT MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F105 F114 F140 F199 F263 F321 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PIETY CORNER NURSING HOME

Street Address: 325 BACON ST

City and State: WALTHAM, MA 02154

Participation: MEDICAID ICF

# of Beds: 34

Type of Ownership: PROPRIETARY

Survey Date: 10/31/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 34

Medicare Residents: 0

Medicaid Residents: 32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	22	64.7	69.8	78.5
Dressing				
Residents requiring some or total assistance in dressing.	22	64.7	68.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	24	70.6	48.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	79.4	60.0	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	26	76.5	48.1	59.1
Residents on individually written bowel and bladder retraining program.	9	26.5	4.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	20.6	18.7	30.4
Completely bedfast residents.	0	0.0	0.6	2.8
Residents confined to chairs.	10	29.4	15.6	40.9
Residents requiring restraints.	9	26.5	19.6	30.9
Confused or disoriented residents.	16	47.1	51.5	55.4
Residents with bed sores.	0	0.0	2.7	4.8
Residents receiving special skin care.	18	52.9	21.8	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	2	1.1	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	19	10.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.5	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	6	3.2	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	3	1.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	13	7.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	1.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	7	3.8	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	6	3.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	6	3.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	1	0.5	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	1	0.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	3.2	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	11.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	15	8.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	13	7.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.6	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	13	7.0	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	4	2.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	37	19.9	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	53	28.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	9	4.8	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	66	35.5	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F258 F260 F262

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PROSPECT HILL NURSING HOME

Street Address: 31 WOODLAND RD		**City and State:** WALTHAM, MA 02154	
Participation: MEDICAID ICF	**# of Beds:** 28	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/15/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
28	0	27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	24	85.7	69.8	78.5
Dressing Residents requiring some or total assistance in dressing.	19	67.9	68.8	76.5
Toileting Residents requiring some or total assistance in toileting.	12	42.9	48.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	67.9	60.0	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	15	53.6	48.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	2	7.1	18.7	30.4
Completely bedfast residents.	0	0.0	0.6	2.8
Residents confined to chairs.	1	3.6	15.6	40.9
Residents requiring restraints.	4	14.3	19.6	30.9
Confused or disoriented residents.	7	25.0	51.5	55.4
Residents with bed sores.	0	0.0	2.7	4.8
Residents receiving special skin care.	8	28.6	21.8	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	1.1	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	NOT MET	19	10.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.5	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	6	3.2	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	3	1.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	13	7.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	1.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	7	3.8	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	6	3.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	6	3.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	1	0.5	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	1	0.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	3.2	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	11.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	15	8.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	13	7.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.6	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	13	7.0	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	4	2.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	37	19.9	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	53	28.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	9	4.8	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	66	35.5	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

WALTHAM, MA

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F102 F126 F130 F131* F134 F293* F312
F313* F332* F346 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
RESERVOIR NURSING HOME

Street Address: 1841 TRAPELO RD		**City and State:** WALTHAM, MA 02154	
Participation: MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/16/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
118	0	80

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	89	75.4	79.5	82.0
Dressing Residents requiring some or total assistance in dressing.	97	82.2	84.3	84.0
Toileting Residents requiring some or total assistance in toileting.	88	74.6	73.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	69.5	78.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	85	72.0	68.3	69.4
Residents on individually written bowel and bladder retraining program.	20	16.9	3.8	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	23	19.5	32.3	39.1
Completely bedfast residents.	1	0.8	0.9	3.2
Residents confined to chairs.	31	26.3	41.9	52.3
Residents requiring restraints.	61	51.7	41.8	40.4
Confused or disoriented residents.	52	44.1	59.9	58.6
Residents with bed sores.	8	6.8	5.5	7.6
Residents receiving special skin care.	14	11.9	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F127* F132* F173* F175 F181* F215 F216
F217 F218* F242* F243 F328 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
FORESTVIEW NH OF WAREHAM

Street Address: 50 INDIAN NECK RD		**City and State:** WAREHAM, MA 02571	
Participation: MEDICAID SNF/ICF	**# of Beds:** 123	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/15/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 39	**Medicare Residents:** 0	**Medicaid Residents:** 25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	33	84.6	79.5	82.0
Dressing Residents requiring some or total assistance in dressing.	38	97.4	84.3	84.0
Toileting Residents requiring some or total assistance in toileting.	34	87.2	73.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	92.3	78.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	38	97.4	68.3	69.4
Residents on individually written bowel and bladder retraining program.	2	5.1	3.8	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	10	25.6	32.3	39.1
Completely bedfast residents.	0	0.0	0.9	3.2
Residents confined to chairs.	18	46.2	41.9	52.3
Residents requiring restraints.	32	82.1	41.8	40.4
Confused or disoriented residents.	36	92.3	59.9	58.6
Residents with bed sores.	2	5.1	5.5	7.6
Residents receiving special skin care.	21	53.8	38.6	31.4

WAREHAM, MA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
ROLAND THATCHER NH

Street Address: MAIN ST		**City and State:** WAREHAM, MA 02571	
Participation: MEDICAID SNF/ICF	**# of Beds:** 108	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/26/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
105	0	95

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	105	100	79.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	101	96.2	84.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	83	79.0	73.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	89	84.8	78.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	63	60.0	68.3	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	14.3	32.3	39.1
Completely bedfast residents.	0	0.0	0.9	3.2
Residents confined to chairs.	24	22.9	41.9	52.3
Residents requiring restraints.	53	50.5	41.8	40.4
Confused or disoriented residents.	43	41.0	59.9	58.6
Residents with bed sores.	5	4.8	5.5	7.6
Residents receiving special skin care.	28	26.7	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F234 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MAPLEVIEW NURSING HOME

Street Address: LOVERS LANE RD	**City and State:** WASHINGTON, MA 01223

Participation: MEDICAID ICF	**# of Beds:** 57	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/05/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 54	**Medicare Residents:** 0	**Medicaid Residents:** 54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	44	81.5	69.8	78.5
Dressing				
Residents requiring some or total assistance in dressing.	45	83.3	68.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	39	72.2	48.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	98.1	60.0	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	53	98.1	48.1	59.1
Residents on individually written bowel and bladder retraining program.	6	11.1	4.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	31.5	18.7	30.4
Completely bedfast residents.	1	1.9	0.6	2.8
Residents confined to chairs.	19	35.2	15.6	40.9
Residents requiring restraints.	22	40.7	19.6	30.9
Confused or disoriented residents.	35	64.8	51.5	55.4
Residents with bed sores.	2	3.7	2.7	4.8
Residents receiving special skin care.	17	31.5	21.8	23.5

WASHINGTON, MA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	1.1	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	19	10.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.5	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	6	3.2	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	3	1.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	13	7.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	1.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	7	3.8	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	6	3.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	6	3.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	1	0.5	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	1	0.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	3.2	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	11.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	15	8.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	13	7.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	3	1.6	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	13	7.0	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	4	2.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	37	19.9	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	53	28.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	9	4.8	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	66	35.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F294 F298 F328

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CHARLESGATE MANOR CONV HME

Street Address: 590 MAIN ST		**City and State:** WATERTOWN, MA 02172	
Participation: MEDICAID SNF/ICF	**# of Beds:** 102	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/03/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
96	0	70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	85	88.5	79.5	82.0
Dressing Residents requiring some or total assistance in dressing.	93	96.9	84.3	84.0
Toileting Residents requiring some or total assistance in toileting.	81	84.4	73.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	84.4	78.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	72	75.0	68.3	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	19	19.8	32.3	39.1
Completely bedfast residents.	1	1.0	0.9	3.2
Residents confined to chairs.	23	24.0	41.9	52.3
Residents requiring restraints.	28	29.2	41.8	40.4
Confused or disoriented residents.	72	75.0	59.9	58.6
Residents with bed sores.	6	6.3	5.5	7.6
Residents receiving special skin care.	20	20.8	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F096 F101 F126 F170 F244 F260 F262 F323
F324*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
EMERSON CONV HOME INC

Street Address: 59 COOLIDGE HILL RD	**City and State:** WATERTOWN, MA 02172

Participation: MEDICAID SNF/ICF	**# of Beds:** 163	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/27/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 159	**Medicare Residents:** 0	**Medicaid Residents:** 102

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	146	91.8	79.5	82.0
Dressing Residents requiring some or total assistance in dressing.	142	89.3	84.3	84.0
Toileting Residents requiring some or total assistance in toileting.	125	78.6	73.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	126	79.2	78.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	112	70.4	68.3	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	52	32.7	32.3	39.1
Completely bedfast residents.	0	0.0	0.9	3.2
Residents confined to chairs.	79	49.7	41.9	52.3
Residents requiring restraints.	73	45.9	41.8	40.4
Confused or disoriented residents.	113	71.1	59.9	58.6
Residents with bed sores.	5	3.1	5.5	7.6
Residents receiving special skin care.	22	13.8	38.6	31.4

WATERTOWN, MA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F085* F102 F126 F128* F182 F324* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
COCHITUATE NURSING HOME

Street Address:
188 COMMONWEALTH RD

City and State:
WAYLAND, MA 01778

Participation:
MEDICAID ICF

# of Beds:
40

Type of Ownership:
PROPRIETARY

Survey Date:
07/11/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
39	0	20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	24	61.5	69.8	78.5
Dressing				
Residents requiring some or total assistance in dressing.	31	79.5	68.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	27	69.2	48.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	79.5	60.0	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	22	56.4	48.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	30.8	18.7	30.4
Completely bedfast residents.	1	2.6	0.6	2.8
Residents confined to chairs.	14	35.9	15.6	40.9
Residents requiring restraints.	12	30.8	19.6	30.9
Confused or disoriented residents.	18	46.2	51.5	55.4
Residents with bed sores.	3	7.7	2.7	4.8
Residents receiving special skin care.	1	2.6	21.8	23.5

WAYLAND, MA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	1.1	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	19	10.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.5	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	6	3.2	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	3	1.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	13	7.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	1.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	7	3.8	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	6	3.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	6	3.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	1	0.5	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	1	0.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	3.2	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	22	11.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	15	8.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	13	7.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.6	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	13	7.0	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	4	2.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	37	19.9	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	53	28.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	9	4.8	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	66	35.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F191* F227 F294 F328 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
KATHRYN BARTON NURS HOME INC

Street Address: 373 COMMONWEALTH RD		**City and State:** WAYLAND, MA 01778	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 55	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
54	2	26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	54	100	79.5	82.0
Dressing Residents requiring some or total assistance in dressing.	54	100	84.3	84.0
Toileting Residents requiring some or total assistance in toileting.	54	100	73.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	96.3	78.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	100	68.3	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	28	51.9	32.3	39.1
Completely bedfast residents.	2	3.7	0.9	3.2
Residents confined to chairs.	28	51.9	41.9	52.3
Residents requiring restraints.	35	64.8	41.8	40.4
Confused or disoriented residents.	38	70.4	59.9	58.6
Residents with bed sores.	0	0.0	5.5	7.6
Residents receiving special skin care.	10	18.5	38.6	31.4

WAYLAND, MA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F119 F120 F132* F191* F261 F332* F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LANESSA EXTENDED CARE FACILITY

Street Address: 751 SCHOOL ST	**City and State:** WEBSTER, MA 01570

Participation: MEDICAID SNF/ICF	**# of Beds:** 82	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/19/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
81	0	73

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	65	80.2	79.5	82.0
Dressing Residents requiring some or total assistance in dressing.	63	77.8	84.3	84.0
Toileting Residents requiring some or total assistance in toileting.	44	54.3	73.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	100	78.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	42.0	68.3	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	10	12.3	32.3	39.1
Completely bedfast residents.	0	0.0	0.9	3.2
Residents confined to chairs.	25	30.9	41.9	52.3
Residents requiring restraints.	13	16.0	41.8	40.4
Confused or disoriented residents.	34	42.0	59.9	58.6
Residents with bed sores.	5	6.2	5.5	7.6
Residents receiving special skin care.	25	30.9	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F129* F170 F217 F260 F261 F262 F263 F294
F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
OAKWOOD CONV HOME

Street Address: 86 HARTLEY ST	**City and State:** WEBSTER, MA 01570

Participation: MEDICAID SNF/ICF	**# of Beds:** 81	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/01/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 79	**Medicare Residents:** 0	**Medicaid Residents:** 61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	53	67.1	79.5	82.0
Dressing Residents requiring some or total assistance in dressing.	79	100	84.3	84.0
Toileting Residents requiring some or total assistance in toileting.	67	84.8	73.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	84.8	78.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	67	84.8	68.3	69.4
Residents on individually written bowel and bladder retraining program.	3	3.8	3.8	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	31	39.2	32.3	39.1
Completely bedfast residents.	0	0.0	0.9	3.2
Residents confined to chairs.	19	24.1	41.9	52.3
Residents requiring restraints.	24	30.4	41.8	40.4
Confused or disoriented residents.	45	57.0	59.9	58.6
Residents with bed sores.	3	3.8	5.5	7.6
Residents receiving special skin care.	26	32.9	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
WEBSTER HOUSE LTC FACILITY

Street Address: 749 SCHOOL ST		**City and State:** WEBSTER, MA 01570	
Participation: MEDICAID ICF	**# of Beds:** 43	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/03/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
42	0	36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	22	52.4	69.8	78.5
Dressing				
Residents requiring some or total assistance in dressing.	26	61.9	68.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	6	14.3	48.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	52.4	60.0	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	14	33.3	48.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	3	7.1	18.7	30.4
Completely bedfast residents.	0	0.0	0.6	2.8
Residents confined to chairs.	0	0.0	15.6	40.9
Residents requiring restraints.	1	2.4	19.6	30.9
Confused or disoriented residents.	12	28.6	51.5	55.4
Residents with bed sores.	0	0.0	2.7	4.8
Residents receiving special skin care.	0	0.0	21.8	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	1.1	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	19	10.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.5	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	6	3.2	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	3	1.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	13	7.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	1.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	7	3.8	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	6	3.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	6	3.2	820	15.5

SELECTED PERFORMANCE INDICATORS

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			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	1	0.5	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	1	0.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	3.2	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	11.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	15	8.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	13	7.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.6	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	13	7.0	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	4	2.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	37	19.9	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	53	28.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	9	4.8	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	66	35.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

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THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
WEBSTER MANOR LTC FACILITY

Street Address: 745 SCHOOL ST		**City and State:** WEBSTER, MA 01570	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 123	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/12/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
123	5	98

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	106	86.2	79.5	82.0
Dressing Residents requiring some or total assistance in dressing.	112	91.1	84.3	84.0
Toileting Residents requiring some or total assistance in toileting.	93	75.6	73.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	64.2	78.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	77	62.6	68.3	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	35	28.5	32.3	39.1
Completely bedfast residents.	1	0.8	0.9	3.2
Residents confined to chairs.	53	43.1	41.9	52.3
Residents requiring restraints.	38	30.9	41.8	40.4
Confused or disoriented residents.	68	55.3	59.9	58.6
Residents with bed sores.	10	8.1	5.5	7.6
Residents receiving special skin care.	39	31.7	38.6	31.4

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F100 F102 F126 F128* F133* F134 F181* F206
F251 F258 F260 F262 F277 F293* F317 F339
F340* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ELIZABETH SETON RESIDENCE INC

Street Address: 125 QAKLAND ST	**City and State:** WELLESLEY, MA 02181

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 65	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 03/23/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
57	0	5

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	46	80.7	79.5	82.0
Dressing Residents requiring some or total assistance in dressing.	30	52.6	84.3	84.0
Toileting Residents requiring some or total assistance in toileting.	26	45.6	73.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	96.5	78.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	52.6	68.3	69.4
Residents on individually written bowel and bladder retraining program.	22	38.6	3.8	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	14	24.6	32.3	39.1
Completely bedfast residents.	0	0.0	0.9	3.2
Residents confined to chairs.	10	17.5	41.9	52.3
Residents requiring restraints.	3	5.3	41.8	40.4
Confused or disoriented residents.	19	33.3	59.9	58.6
Residents with bed sores.	0	0.0	5.5	7.6
Residents receiving special skin care.	57	100	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F328

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
NEWTON-WELLESLEY NURS HME

Street Address: 694 WORCESTER RD		**City and State:** WELLESLEY, MA 02181	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/27/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
117	5	74

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	102	87.2	79.5	82.0
Dressing Residents requiring some or total assistance in dressing.	101	86.3	84.3	84.0
Toileting Residents requiring some or total assistance in toileting.	90	76.9	73.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	31.6	78.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	86	73.5	68.3	69.4
Residents on individually written bowel and bladder retraining program.	2	1.7	3.8	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	50	42.7	32.3	39.1
Completely bedfast residents.	1	0.9	0.9	3.2
Residents confined to chairs.	87	74.4	41.9	52.3
Residents requiring restraints.	41	35.0	41.8	40.4
Confused or disoriented residents.	101	86.3	59.9	58.6
Residents with bed sores.	4	3.4	5.5	7.6
Residents receiving special skin care.	24	20.5	38.6	31.4

WELLESLEY, MA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F126 F134 F170 F332* F342 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WELLESLEY MANOR NURSING HOME

Street Address: 878 WORCESTER ST		**City and State:** WELLESLEY, MA 02181	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 97	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/19/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
95	24	51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	70	73.7	79.5	82.0
Dressing Residents requiring some or total assistance in dressing.	88	92.6	84.3	84.0
Toileting Residents requiring some or total assistance in toileting.	84	88.4	73.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	92.6	78.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	75	78.9	68.3	69.4
Residents on individually written bowel and bladder retraining program.	1	1.1	3.8	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	29	30.5	32.3	39.1
Completely bedfast residents.	1	1.1	0.9	3.2
Residents confined to chairs.	43	45.3	41.9	52.3
Residents requiring restraints.	43	45.3	41.8	40.4
Confused or disoriented residents.	56	58.9	59.9	58.6
Residents with bed sores.	5	5.3	5.5	7.6
Residents receiving special skin care.	74	77.9	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F127* F175 F179 F180 F191* F206 F262
F287 F313* F328 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
OAKDALE NURSING HOME

Street Address: 76 NORTH MAIN ST	**City and State:** WEST BOYLSTON, MA 01539

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 80	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/18/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
78	0	59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	53	67.9	79.5	82.0
Dressing Residents requiring some or total assistance in dressing.	64	82.1	84.3	84.0
Toileting Residents requiring some or total assistance in toileting.	64	82.1	73.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	71.8	78.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	60	76.9	68.3	69.4
Residents on individually written bowel and bladder retraining program.	5	6.4	3.8	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	23	29.5	32.3	39.1
Completely bedfast residents.	3	3.8	0.9	3.2
Residents confined to chairs.	30	38.5	41.9	52.3
Residents requiring restraints.	32	41.0	41.8	40.4
Confused or disoriented residents.	58	74.4	59.9	58.6
Residents with bed sores.	9	11.5	5.5	7.6
Residents receiving special skin care.	23	29.5	38.6	31.4

WEST BOYLSTON, MA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	NOT MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	NOT MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F082 F100 F102 F137 F138 F182 F191* F242*
F294 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
QUABOAG NURSING HOME

Street Address: 30-32 MAIN ST		**City and State:** WEST BROOKFIELD, MA 01585	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 129	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/25/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
125	0	77

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	101	80.8	79.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	109	87.2	84.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	108	86.4	73.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	117	93.6	78.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	103	82.4	68.3	69.4
Residents on individually written bowel and bladder retraining program.	2	1.6	3.8	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	36	28.8	32.3	39.1
Completely bedfast residents.	0	0.0	0.9	3.2
Residents confined to chairs.	55	44.0	41.9	52.3
Residents requiring restraints.	67	53.6	41.8	40.4
Confused or disoriented residents.	86	68.8	59.9	58.6
Residents with bed sores.	1	0.8	5.5	7.6
Residents receiving special skin care.	104	83.2	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	NOT MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	NOT MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F134 F135 F191* F196* F261 F277 F294 F323

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HALE CONV AND NURSING HOME

Street Address: 24 MAIN ST		**City and State:** WEST GROTON, MA 01472	
Participation: MEDICAID ICF	**# of Beds:** 36	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/14/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
35	0	23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	33	94.3	69.8	78.5
Dressing Residents requiring some or total assistance in dressing.	35	100	68.8	76.5
Toileting Residents requiring some or total assistance in toileting.	28	80.0	48.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	100	60.0	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	65.7	48.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	5	14.3	18.7	30.4
Completely bedfast residents.	0	0.0	0.6	2.8
Residents confined to chairs.	6	17.1	15.6	40.9
Residents requiring restraints.	8	22.9	19.6	30.9
Confused or disoriented residents.	18	51.4	51.5	55.4
Residents with bed sores.	1	2.9	2.7	4.8
Residents receiving special skin care.	14	40.0	21.8	23.5

WEST GROTON, MA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	1.1	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	19	10.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.5	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	6	3.2	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	3	1.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	13	7.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	1.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	7	3.8	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	6	3.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	6	3.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	1	0.5	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	1	0.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	3.2	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	22	11.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	15	8.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	13	7.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.6	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	13	7.0	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	4	2.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	37	19.9	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	53	28.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	9	4.8	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	66	35.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

WEST GROTON, MA

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F134 F135 F191* F199 F330 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
DEUTSCHES ALTENHEIM HOME

Street Address: 2222 CENTRE ST	**City and State:** WEST ROXBURY, MA 02132

Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 08/23/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 40	**Medicare Residents:** 0	**Medicaid Residents:** 21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	20	50.0	69.8	78.5
Dressing				
Residents requiring some or total assistance in dressing.	24	60.0	68.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	19	47.5	48.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	97.5	60.0	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	20	50.0	48.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	25.0	18.7	30.4
Completely bedfast residents.	0	0.0	0.6	2.8
Residents confined to chairs.	9	22.5	15.6	40.9
Residents requiring restraints.	12	30.0	19.6	30.9
Confused or disoriented residents.	16	40.0	51.5	55.4
Residents with bed sores.	3	7.5	2.7	4.8
Residents receiving special skin care.	7	17.5	21.8	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	1.1	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	19	10.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.5	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	6	3.2	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	3	1.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	13	7.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	1.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	7	3.8	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	6	3.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	6	3.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	1	0.5	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	1	0.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	3.2	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	11.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	15	8.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	13	7.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.6	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	13	7.0	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	4	2.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	37	19.9	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	53	28.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	9	4.8	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	66	35.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
VFW PARKWAY NURSING HOME

Street Address: 1190 VFW PKWY		**City and State:** WEST ROXBURY, MA 02132	
Participation: MEDICAID SNF/ICF	**# of Beds:** 140	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/15/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
135	0	108

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	111	82.2	79.5	82.0
Dressing Residents requiring some or total assistance in dressing.	114	84.4	84.3	84.0
Toileting Residents requiring some or total assistance in toileting.	95	70.4	73.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	114	84.4	78.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	88	65.2	68.3	69.4
Residents on individually written bowel and bladder retraining program.	2	1.5	3.8	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	34	25.2	32.3	39.1
Completely bedfast residents.	0	0.0	0.9	3.2
Residents confined to chairs.	72	53.3	41.9	52.3
Residents requiring restraints.	59	43.7	41.8	40.4
Confused or disoriented residents.	64	47.4	59.9	58.6
Residents with bed sores.	5	3.7	5.5	7.6
Residents receiving special skin care.	51	37.8	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F257 F294 F313* F328 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WEST ROXBURY MANOR NURSING HOME

Street Address: 5060 WASHINGTON ST		**City and State:** WEST ROXBURY, MA 02132	
Participation: MEDICAID SNF/ICF	**# of Beds:** 76	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/08/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
74	0	65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	74	100	79.5	82.0
Dressing Residents requiring some or total assistance in dressing.	74	100	84.3	84.0
Toileting Residents requiring some or total assistance in toileting.	54	73.0	73.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	66.2	78.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	43	58.1	68.3	69.4
Residents on individually written bowel and bladder retraining program.	4	5.4	3.8	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	23	31.1	32.3	39.1
Completely bedfast residents.	0	0.0	0.9	3.2
Residents confined to chairs.	26	35.1	41.9	52.3
Residents requiring restraints.	38	51.4	41.8	40.4
Confused or disoriented residents.	56	75.7	59.9	58.6
Residents with bed sores.	1	1.4	5.5	7.6
Residents receiving special skin care.	39	52.7	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

WEST ROXBURY, MA

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F132* F169 F257 F294 F313*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CLARENDON HILL NURSING HOME

Street Address: 1323 BROADWAY		**City and State:** WEST SOMERVILLE, MA 02144	
Participation: MEDICAID ICF	**# of Beds:** 58	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/06/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 57	**Medicare Residents:** 0	**Medicaid Residents:** 35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	38	66.7	69.8	78.5
Dressing Residents requiring some or total assistance in dressing.	47	82.5	68.8	76.5
Toileting Residents requiring some or total assistance in toileting.	25	43.9	48.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	42.1	60.0	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	20	35.1	48.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	3	5.3	18.7	30.4
Completely bedfast residents.	0	0.0	0.6	2.8
Residents confined to chairs.	12	21.1	15.6	40.9
Residents requiring restraints.	7	12.3	19.6	30.9
Confused or disoriented residents.	27	47.4	51.5	55.4
Residents with bed sores.	2	3.5	2.7	4.8
Residents receiving special skin care.	3	5.3	21.8	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	1.1	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	19	10.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.5	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	6	3.2	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	3	1.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	13	7.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	1.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	7	3.8	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	6	3.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	6	3.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	1	0.5	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	1	0.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	3.2	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	22	11.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	15	8.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	13	7.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.6	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	13	7.0	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	4	2.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	37	19.9	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	53	28.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	9	4.8	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	66	35.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

WEST SOMERVILLE, MA

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F102 F117 F127* F129* F130 F169 F187
F191* F194 F196* F199 F224 F258 F263 F264
F313* F328 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
RIVERDALE GARDENS

Street Address: 42 PROSPECT ST	**City and State:** WEST SPRINGFIELD, MA 01089

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 168	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/28/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 162	**Medicare Residents:** 6	**Medicaid Residents:** 81

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	135	83.3	79.5	82.0
Dressing Residents requiring some or total assistance in dressing.	127	78.4	84.3	84.0
Toileting Residents requiring some or total assistance in toileting.	122	75.3	73.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	162	100	78.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	106	65.4	68.3	69.4
Residents on individually written bowel and bladder retraining program.	2	1.2	3.8	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	37	22.8	32.3	39.1
Completely bedfast residents.	3	1.9	0.9	3.2
Residents confined to chairs.	60	37.0	41.9	52.3
Residents requiring restraints.	75	46.3	41.8	40.4
Confused or disoriented residents.	97	59.9	59.9	58.6
Residents with bed sores.	10	6.2	5.5	7.6
Residents receiving special skin care.	91	56.2	38.6	31.4

WEST SPRINGFIELD, MA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F130 F175 F262 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WEST SPRINGFIELD NURSING HOME

Street Address: 217 WESTFIELD RD PO BOX 1017		**City and State:** WEST SPRINGFIELD, MA 01090	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/23/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
114	0	98

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	97	85.1	79.5	82.0
Dressing Residents requiring some or total assistance in dressing.	104	91.2	84.3	84.0
Toileting Residents requiring some or total assistance in toileting.	102	89.5	73.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	101	88.6	78.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	80	70.2	68.3	69.4
Residents on individually written bowel and bladder retraining program.	10	8.8	3.8	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	51	44.7	32.3	39.1
Completely bedfast residents.	2	1.8	0.9	3.2
Residents confined to chairs.	82	71.9	41.9	52.3
Residents requiring restraints.	60	52.6	41.8	40.4
Confused or disoriented residents.	68	59.6	59.9	58.6
Residents with bed sores.	0	0.0	5.5	7.6
Residents receiving special skin care.	114	100	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F134 F217

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BEAUMONT AT THE WILLOWS A SNF

Street Address: 1 LYMAN ST	**City and State:** WESTBOROUGH, MA 01581

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 140	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/24/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 133	**Medicare Residents:** 4	**Medicaid Residents:** 50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	123	92.5	79.5	82.0
Dressing Residents requiring some or total assistance in dressing.	115	86.5	84.3	84.0
Toileting Residents requiring some or total assistance in toileting.	100	75.2	73.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	76.7	78.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	99	74.4	68.3	69.4
Residents on individually written bowel and bladder retraining program.	1	0.8	3.8	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	36	27.1	32.3	39.1
Completely bedfast residents.	1	0.8	0.9	3.2
Residents confined to chairs.	59	44.4	41.9	52.3
Residents requiring restraints.	57	42.9	41.8	40.4
Confused or disoriented residents.	91	68.4	59.9	58.6
Residents with bed sores.	5	3.8	5.5	7.6
Residents receiving special skin care.	64	48.1	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F096 F102 F126 F169 F272 F294 F328

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WESTBOROUGH NH

Street Address: COLONIAL DR		**City and State:** WESTBOROUGH, MA 01581	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 123	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/17/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
121	9	74

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	83	68.6	79.5	82.0
Dressing Residents requiring some or total assistance in dressing.	101	83.5	84.3	84.0
Toileting Residents requiring some or total assistance in toileting.	91	75.2	73.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	103	85.1	78.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	82	67.8	68.3	69.4
Residents on individually written bowel and bladder retraining program.	2	1.7	3.8	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	111	91.7	32.3	39.1
Completely bedfast residents.	3	2.5	0.9	3.2
Residents confined to chairs.	71	58.7	41.9	52.3
Residents requiring restraints.	79	65.3	41.8	40.4
Confused or disoriented residents.	68	56.2	59.9	58.6
Residents with bed sores.	6	5.0	5.5	7.6
Residents receiving special skin care.	36	29.8	38.6	31.4

WESTBOROUGH, MA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
GOVERNORS HOUSE NURSING HOME

Street Address: 66 BROAD ST		**City and State:** WESTFIELD, MA 01085	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/06/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
96	5	66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	72	75.0	79.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	78	81.3	84.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	69	71.9	73.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	80.2	78.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	62	64.6	68.3	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	47	49.0	32.3	39.1
Completely bedfast residents.	1	1.0	0.9	3.2
Residents confined to chairs.	39	40.6	41.9	52.3
Residents requiring restraints.	52	54.2	41.8	40.4
Confused or disoriented residents.	60	62.5	59.9	58.6
Residents with bed sores.	2	2.1	5.5	7.6
Residents receiving special skin care.	7	7.3	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	NOT MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	NOT MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	NOT MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F134 F170 F175 F191* F215 F218* F219 F220
F263 F340*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
VALLEY VIEW NURSING HOME

Street Address: FEEDING HILLS RD		**City and State:** WESTFIELD, MA 01085	
Participation: MEDICAID SNF	**# of Beds:** 80	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/03/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
73	0	55

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	69	94.5	79.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	69	94.5	84.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	68	93.2	73.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	90.4	78.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	63	86.3	68.3	69.4
Residents on individually written bowel and bladder retraining program.	2	2.7	3.8	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	41	56.2	32.3	39.1
Completely bedfast residents.	2	2.7	0.9	3.2
Residents confined to chairs.	32	43.8	41.9	52.3
Residents requiring restraints.	48	65.8	41.8	40.4
Confused or disoriented residents.	62	84.9	59.9	58.6
Residents with bed sores.	2	2.7	5.5	7.6
Residents receiving special skin care.	11	15.1	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
WESTFIELD MANOR NURS HOME

Street Address: 60 EAST SILVER RD		**City and State:** WESTFIELD, MA 01085	
Participation: MEDICAID SNF/ICF	**# of Beds:** 104	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/12/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
101	0	80

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	95	94.1	79.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	91	90.1	84.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	93	92.1	73.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	99	98.0	78.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	73	72.3	68.3	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	46	45.5	32.3	39.1
Completely bedfast residents.	0	0.0	0.9	3.2
Residents confined to chairs.	53	52.5	41.9	52.3
Residents requiring restraints.	55	54.5	41.8	40.4
Confused or disoriented residents.	59	58.4	59.9	58.6
Residents with bed sores.	3	3.0	5.5	7.6
Residents receiving special skin care.	65	64.4	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WESTFORD NURSING HOME

Street Address: 39 MAIN ST		**City and State:** WESTFORD, MA 01886	
Participation: MEDICAID ICF	**# of Beds:** 58	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/22/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
56	0	53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	39	69.6	69.8	78.5
Dressing Residents requiring some or total assistance in dressing.	32	57.1	68.8	76.5
Toileting Residents requiring some or total assistance in toileting.	31	55.4	48.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	37.5	60.0	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	53.6	48.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	12	21.4	18.7	30.4
Completely bedfast residents.	2	3.6	0.6	2.8
Residents confined to chairs.	9	16.1	15.6	40.9
Residents requiring restraints.	3	5.4	19.6	30.9
Confused or disoriented residents.	29	51.8	51.5	55.4
Residents with bed sores.	6	10.7	2.7	4.8
Residents receiving special skin care.	25	44.6	21.8	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	1.1	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	19	10.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.5	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	6	3.2	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	3	1.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	13	7.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	1.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	7	3.8	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	6	3.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	6	3.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	1	0.5	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	1	0.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	6	3.2	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	11.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	15	8.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	13	7.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.6	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	13	7.0	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	4	2.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	37	19.9	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	53	28.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	9	4.8	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	66	35.5	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F129* F134 F294 F297 F316 F328

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WESTON MANOR

Street Address: 75 NORUMBEGA RD		**City and State:** WESTON, MA 02193	
Participation: MEDICAID SNF/ICF	**# of Beds:** 160	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/03/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
154	0	84

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	109	70.8	79.5	82.0
Dressing Residents requiring some or total assistance in dressing.	134	87.0	84.3	84.0
Toileting Residents requiring some or total assistance in toileting.	115	74.7	73.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	112	72.7	78.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	105	68.2	68.3	69.4
Residents on individually written bowel and bladder retraining program.	39	25.3	3.8	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	31	20.1	32.3	39.1
Completely bedfast residents.	2	1.3	0.9	3.2
Residents confined to chairs.	91	59.1	41.9	52.3
Residents requiring restraints.	57	37.0	41.8	40.4
Confused or disoriented residents.	95	61.7	59.9	58.6
Residents with bed sores.	11	7.1	5.5	7.6
Residents receiving special skin care.	103	[illegible]	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F102 F135 F169 F258 F288 F313* F328
F340*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
COLONIAL NURSING REHAB CTR

Street Address: 125 BROAD ST	**City and State:** WEYMOUTH, MA 02188

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 211	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/09/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 201	**Medicare Residents:** 5	**Medicaid Residents:** 136

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	164	81.6	79.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	178	88.6	84.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	166	82.6	73.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	189	94.0	78.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	157	78.1	68.3	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	123	61.2	32.3	39.1
Completely bedfast residents.	0	0.0	0.9	3.2
Residents confined to chairs.	68	33.8	41.9	52.3
Residents requiring restraints.	113	56.2	41.8	40.4
Confused or disoriented residents.	162	80.6	59.9	58.6
Residents with bed sores.	10	5.0	5.5	7.6
Residents receiving special skin care.	62	30.8	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F135 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LOGAN HEALTHCARE FACILITY SNC

Street Address: 861 MAIN ST		**City and State:** WEYMOUTH, MA 02190	
Participation: MEDICAID SNF/ICF	**# of Beds:** 70	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/17/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
69	0	52

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	52	75.4	79.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	62	89.9	84.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	53	76.8	73.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	79.7	78.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	45	65.2	68.3	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	43.5	32.3	39.1
Completely bedfast residents.	0	0.0	0.9	3.2
Residents confined to chairs.	32	46.4	41.9	52.3
Residents requiring restraints.	25	36.2	41.8	40.4
Confused or disoriented residents.	51	73.9	59.9	58.6
Residents with bed sores.	1	1.4	5.5	7.6
Residents receiving special skin care.	64	92.8	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	NOT MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F132* F139 F140 F186 F296 F342 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
POND MEADOW HEALTHCARE FACILITY

Street Address: 188 SUMMER ST		**City and State:** WEYMOUTH, MA 02188	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 88	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/02/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
85	0	66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	64	75.3	79.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	67	78.8	84.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	59	69.4	73.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	71.8	78.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	59	69.4	68.3	69.4
Residents on individually written bowel and bladder retraining program.	4	4.7	3.8	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	25.9	32.3	39.1
Completely bedfast residents.	0	0.0	0.9	3.2
Residents confined to chairs.	38	44.7	41.9	52.3
Residents requiring restraints.	42	49.4	41.8	40.4
Confused or disoriented residents.	62	72.9	59.9	58.6
Residents with bed sores.	3	3.5	5.5	7.6
Residents receiving special skin care.	37	43.5	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	NOT MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	NOT MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	NOT MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	NOT MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F076 F102 F105 F129* F133* F134 F135 F140
F262 F287 F294 F313* F323 F339 F340* F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
POPE NURSING HOME

Street Address: 140 WEBB ST		**City and State:** WEYMOUTH, MA 02188	
Participation: MEDICAID ICF	**# of Beds:** 37	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/17/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
37	0	33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	21	56.8	69.8	78.5
Dressing Residents requiring some or total assistance in dressing.	19	51.4	68.8	76.5
Toileting Residents requiring some or total assistance in toileting.	14	37.8	48.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	51.4	60.0	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	17	45.9	48.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	3	8.1	18.7	30.4
Completely bedfast residents.	0	0.0	0.6	2.8
Residents confined to chairs.	1	2.7	15.6	40.9
Residents requiring restraints.	3	8.1	19.6	30.9
Confused or disoriented residents.	16	43.2	51.5	55.4
Residents with bed sores.	1	2.7	2.7	4.8
Residents receiving special skin care.	15	40.5	21.8	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	1.1	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	19	10.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.5	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	6	3.2	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	3	1.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	13	7.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	1.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	7	3.8	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	6	3.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	6	3.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	1	0.5	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	1	0.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	3.2	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	22	11.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	15	8.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	13	7.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.6	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	13	7.0	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	4	2.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	37	19.9	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	53	28.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	9	4.8	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	66	35.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F130 F134 F170 F258 F261 F263 F288
F293* F332* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SAMUEL MARCUS NURSING HOME

Street Address: 28 FRONT ST		**City and State:** WEYMOUTH, MA 02188	
Participation: MEDICAID ICF	**# of Beds:** 22	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/02/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
20	0	16

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	15	75.0	69.8	78.5
Dressing Residents requiring some or total assistance in dressing.	11	55.0	68.8	76.5
Toileting Residents requiring some or total assistance in toileting.	7	35.0	48.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	8	40.0	60.0	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	8	40.0	48.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	18.7	30.4
Completely bedfast residents.	0	0.0	0.6	2.8
Residents confined to chairs.	4	20.0	15.6	40.9
Residents requiring restraints.	5	25.0	19.6	30.9
Confused or disoriented residents.	8	40.0	51.5	55.4
Residents with bed sores.	0	0.0	2.7	4.8
Residents receiving special skin care.	5	25.0	21.8	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	1.1	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	19	10.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.5	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	6	3.2	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	3	1.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	13	7.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	1.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	7	3.8	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	6	3.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	6	3.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	1	0.5	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	1	0.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	3.2	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	11.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	15	8.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	13	7.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.6	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	13	7.0	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	4	2.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	37	19.9	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	53	28.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	9	4.8	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	66	35.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F170 F242* F244 F313*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ST CAMILLUS NURSING HOME

Street Address: 447 HILL ST	**City and State:** WHITINSVILLE, MA 01588

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 68	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 03/30/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
68	4	62

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	53	77.9	79.5	82.0
Dressing Residents requiring some or total assistance in dressing.	60	88.2	84.3	84.0
Toileting Residents requiring some or total assistance in toileting.	57	83.8	73.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	83.8	78.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	79.4	68.3	69.4
Residents on individually written bowel and bladder retraining program.	3	4.4	3.8	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	37	54.4	32.3	39.1
Completely bedfast residents.	0	0.0	0.9	3.2
Residents confined to chairs.	59	86.8	41.9	52.3
Residents requiring restraints.	57	83.8	41.8	40.4
Confused or disoriented residents.	35	51.5	59.9	58.6
Residents with bed sores.	4	5.9	5.5	7.6
Residents receiving special skin care.	59	86.8	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	NOT MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	NOT MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F101 F102 F134 F135 F206 F324* F340* F342
F343 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BRAEBURN NURSING HOME

Street Address: 146 SOUTH AVE	**City and State:** WHITMAN, MA 02382

Participation: MEDICAID ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/08/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 60	**Medicare Residents:** 0	**Medicaid Residents:** 58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	54	90.0	69.8	78.5
Dressing Residents requiring some or total assistance in dressing.	41	68.3	68.8	76.5
Toileting Residents requiring some or total assistance in toileting.	30	50.0	48.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	96.7	60.0	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	31	51.7	48.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	7	11.7	18.7	30.4
Completely bedfast residents.	0	0.0	0.6	2.8
Residents confined to chairs.	1	1.7	15.6	40.9
Residents requiring restraints.	13	21.7	19.6	30.9
Confused or disoriented residents.	45	75.0	51.5	55.4
Residents with bed sores.	0	0.0	2.7	4.8
Residents receiving special skin care.	5	8.3	21.8	23.5

WHITMAN, MA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	1.1	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	19	10.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.5	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	6	3.2	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	3	1.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	13	7.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	1.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	7	3.8	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	6	3.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	6	3.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	1	0.5	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	1	0.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	3.2	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	11.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	15	8.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	13	7.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.6	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	13	7.0	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	4	2.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	37	19.9	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	53	28.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	9	4.8	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	66	35.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F224 F294 F297 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HAMPTON HILLS NURSING HOME

Street Address: 9 MAPLE ST		**City and State:** WILBRAHAM, MA 01095	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 123	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/08/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
118	6	80

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	102	86.4	79.5	82.0
Dressing Residents requiring some or total assistance in dressing.	103	87.3	84.3	84.0
Toileting Residents requiring some or total assistance in toileting.	94	79.7	73.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	71.2	78.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	78	66.1	68.3	69.4
Residents on individually written bowel and bladder retraining program.	5	4.2	3.8	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	37	31.4	32.3	39.1
Completely bedfast residents.	1	0.8	0.9	3.2
Residents confined to chairs.	58	49.2	41.9	52.3
Residents requiring restraints.	45	38.1	41.8	40.4
Confused or disoriented residents.	42	35.6	59.9	58.6
Residents with bed sores.	14	11.9	5.5	7.6
Residents receiving special skin care.	88	74.6	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F055 F084 F085* F130 F131* F139 F175 F181*
F196* F197 F199

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SWEET BROOK NURSING HOME

Street Address: COLD SPRING RD	**City and State:** WILLIAMSTOWN, MA 01267

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 123	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/24/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 118	**Medicare Residents:** 6	**Medicaid Residents:** 51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	107	90.7	79.5	82.0
Dressing Residents requiring some or total assistance in dressing.	110	93.2	84.3	84.0
Toileting Residents requiring some or total assistance in toileting.	98	83.1	73.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	81.4	78.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	86	72.9	68.3	69.4
Residents on individually written bowel and bladder retraining program.	1	0.8	3.8	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	54	45.8	32.3	39.1
Completely bedfast residents.	2	1.7	0.9	3.2
Residents confined to chairs.	83	70.3	41.9	52.3
Residents requiring restraints.	49	41.5	41.8	40.4
Confused or disoriented residents.	58	49.2	59.9	58.6
Residents with bed sores.	3	2.5	5.5	7.6
Residents receiving special skin care.	26	22.0	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	NOT MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F135

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WILLOWOOD NH OF WILLIAMSTOWN

Street Address: 25 ADAMS ROAD	**City and State:** WILLIAMSTOWN, MA 01267

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 72	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/05/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 70	**Medicare Residents:** 0	**Medicaid Residents:** 28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	65	92.9	79.5	82.0
Dressing Residents requiring some or total assistance in dressing.	69	98.6	84.3	84.0
Toileting Residents requiring some or total assistance in toileting.	56	80.0	73.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	92.9	78.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	52	74.3	68.3	69.4
Residents on individually written bowel and bladder retraining program.	1	1.4	3.8	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	37	52.9	32.3	39.1
Completely bedfast residents.	1	1.4	0.9	3.2
Residents confined to chairs.	34	48.6	41.9	52.3
Residents requiring restraints.	37	52.9	41.8	40.4
Confused or disoriented residents.	52	74.3	59.9	58.6
Residents with bed sores.	4	5.7	5.5	7.6
Residents receiving special skin care.	37	52.9	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	NOT MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	NOT MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F139 F181* F196* F205 F206 F263 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WILMINGTON WOODS NURSING CARE CENTER

Street Address: 750 WOBURN ST	**City and State:** WILMINGTON, MA 01887

Participation: MEDICAID SNF	**# of Beds:** 80	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/25/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
28	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	19	67.9	79.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	23	82.1	84.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	17	60.7	73.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	50.0	78.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	10	35.7	68.3	69.4
Residents on individually written bowel and bladder retraining program.	9	32.1	3.8	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	28.6	32.3	39.1
Completely bedfast residents.	0	0.0	0.9	3.2
Residents confined to chairs.	7	25.0	41.9	52.3
Residents requiring restraints.	9	32.1	41.8	40.4
Confused or disoriented residents.	15	53.6	59.9	58.6
Residents with bed sores.	1	3.6	5.5	7.6
Residents receiving special skin care.	15	53.6	38.6	31.4

WILMINGTON, MA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
OPEN ARMS NURSING HOME

Street Address: 163 BROWN ST		**City and State:** WINCHENDON, MA 01475	
Participation: MEDICAID ICF	**# of Beds:** 43	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/24/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
43	0	39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	30	69.8	69.8	78.5
Dressing Residents requiring some or total assistance in dressing.	30	69.8	68.8	76.5
Toileting Residents requiring some or total assistance in toileting.	30	69.8	48.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	69.8	60.0	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	69.8	48.1	59.1
Residents on individually written bowel and bladder retraining program.	1	2.3	4.5	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	4	9.3	18.7	30.4
Completely bedfast residents.	1	2.3	0.6	2.8
Residents confined to chairs.	13	30.2	15.6	40.9
Residents requiring restraints.	10	23.3	19.6	30.9
Confused or disoriented residents.	22	51.2	51.5	55.4
Residents with bed sores.	1	2.3	2.7	4.8
Residents receiving special skin care.	15	34.9	21.8	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	1.1	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	2	1.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	19	10.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.5	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	6	3.2	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	3	1.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	13	7.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	1.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	7	3.8	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	6	3.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	6	3.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	1	0.5	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	1	0.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	3.2	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	11.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	15	8.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	13	7.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.6	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	13	7.0	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	4	2.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	37	19.9	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	53	28.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	9	4.8	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	66	35.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F061 F118 F130 F199 F262 F294 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ABERJONA NURSING CENTER INC

Street Address: 184 SWANTON ST, BOX 490		**City and State:** WINCHESTER, MA 01890	
Participation: MEDICAID SNF/ICF	**# of Beds:** 123	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/07/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
121	0	63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	93	76.9	79.5	82.0
Dressing Residents requiring some or total assistance in dressing.	92	76.0	84.3	84.0
Toileting Residents requiring some or total assistance in toileting.	85	70.2	73.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	121	100	78.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	84	69.4	68.3	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	26	21.5	32.3	39.1
Completely bedfast residents.	5	4.1	0.9	3.2
Residents confined to chairs.	33	27.3	41.9	52.3
Residents requiring restraints.	48	39.7	41.8	40.4
Confused or disoriented residents.	89	73.6	59.9	58.6
Residents with bed sores.	7	5.8	5.5	7.6
Residents receiving special skin care.	27	22.3	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	NOT MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F127* F313* F324* F328 F332* F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WINCHESTER NURSING CENTER

Street Address: 223 SWANTON ST		**City and State:** WINCHESTER, MA 01890	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 121	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/21/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
121	0	85

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	111	91.7	79.5	82.0
Dressing Residents requiring some or total assistance in dressing.	113	93.4	84.3	84.0
Toileting Residents requiring some or total assistance in toileting.	113	93.4	73.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	107	88.4	78.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	103	85.1	68.3	69.4
Residents on individually written bowel and bladder retraining program.	4	3.3	3.8	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	32	26.4	32.3	39.1
Completely bedfast residents.	4	3.3	0.9	3.2
Residents confined to chairs.	63	52.1	41.9	52.3
Residents requiring restraints.	34	28.1	41.8	40.4
Confused or disoriented residents.	75	62.0	59.9	58.6
Residents with bed sores.	9	7.4	5.5	7.6
Residents receiving special skin care.	90	74.4	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	NOT MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	NOT MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F132* F170 F205 F288 F313*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BAY VIEW NURSING HOME

Street Address: 26 STURGIS ST		**City and State:** WINTHROP, MA 02152	
Participation: MEDICAID ICF	**# of Beds:** 78	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/28/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
77	0	56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	43	55.8	69.8	78.5
Dressing Residents requiring some or total assistance in dressing.	65	84.4	68.8	76.5
Toileting Residents requiring some or total assistance in toileting.	65	84.4	48.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	84.4	60.0	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	43	55.8	48.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	25	32.5	18.7	30.4
Completely bedfast residents.	2	2.6	0.6	2.8
Residents confined to chairs.	27	35.1	15.6	40.9
Residents requiring restraints.	18	23.4	19.6	30.9
Confused or disoriented residents.	34	44.2	51.5	55.4
Residents with bed sores.	2	2.6	2.7	4.8
Residents receiving special skin care.	47	61.0	21.8	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	1.1	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	19	10.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.5	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	6	3.2	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	3	1.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	13	7.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	1.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	7	3.8	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	6	3.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	6	3.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	1	0.5	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	1	0.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	3.2	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	11.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	15	8.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	13	7.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.6	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	13	7.0	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	4	2.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	37	19.9	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	53	28.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	9	4.8	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	66	35.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F294

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CLIFF HOUSE NURSING HOME

Street Address: 170 CLIFF AVE PO BOX 39		**City and State:** WINTHROP, MA 02152	
Participation: MEDICAID SNF/ICF	**# of Beds:** 88	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/06/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
84	0	60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	67	79.8	79.5	82.0
Dressing Residents requiring some or total assistance in dressing.	67	79.8	84.3	84.0
Toileting Residents requiring some or total assistance in toileting.	57	67.9	73.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	72.6	78.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	50	59.5	68.3	69.4
Residents on individually written bowel and bladder retraining program.	6	7.1	3.8	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	33	39.3	32.3	39.1
Completely bedfast residents.	0	0.0	0.9	3.2
Residents confined to chairs.	29	34.5	41.9	52.3
Residents requiring restraints.	36	42.9	41.8	40.4
Confused or disoriented residents.	53	63.1	59.9	58.6
Residents with bed sores.	5	6.0	5.5	7.6
Residents receiving special skin care.	44	52.4	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F114 F135 F170

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GOVERNOR WINTHROP NURSING HOME

Street Address: 142 PLEASANT ST		**City and State:** WINTHROP, MA 02152	
Participation: MEDICAID SNF/ICF	**# of Beds:** 87	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/04/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
79	0	74

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	79	100	79.5	82.0
Dressing Residents requiring some or total assistance in dressing.	62	78.5	84.3	84.0
Toileting Residents requiring some or total assistance in toileting.	65	82.3	73.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	81.0	78.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	60	75.9	68.3	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	14	17.7	32.3	39.1
Completely bedfast residents.	0	0.0	0.9	3.2
Residents confined to chairs.	30	38.0	41.9	52.3
Residents requiring restraints.	29	36.7	41.8	40.4
Confused or disoriented residents.	46	58.2	59.9	58.6
Residents with bed sores.	13	16.5	5.5	7.6
Residents receiving special skin care.	50	63.3	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	NOT MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	NOT MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	NOT MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F112* F130 F135 F167* F169 F170 F197 F199
F260 F294 F325 F331 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GLENDALE NURSING HOME

Street Address: 171 CAMBRIDGE RD		**City and State:** WOBURN, MA 01801	
Participation: MEDICAID ICF	**# of Beds:** 49	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 06/13/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 47	**Medicare Residents:** 0	**Medicaid Residents:** 47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	19	40.4	69.8	78.5
Dressing				
Residents requiring some or total assistance in dressing.	26	55.3	68.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	14	29.8	48.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	95.7	60.0	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	16	34.0	48.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	2	4.3	18.7	30.4
Completely bedfast residents.	0	0.0	0.6	2.8
Residents confined to chairs.	4	8.5	15.6	40.9
Residents requiring restraints.	16	34.0	19.6	30.9
Confused or disoriented residents.	24	51.1	51.5	55.4
Residents with bed sores.	0	0.0	2.7	4.8
Residents receiving special skin care.	4	8.5	21.8	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	2	1.1	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	NOT MET	19	10.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.5	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	6	3.2	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	3	1.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	13	7.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	3	1.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	7	3.8	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	6	3.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	6	3.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	1	0.5	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	1	0.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	3.2	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	22	11.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	NOT MET	15	8.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	13	7.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.6	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	13	7.0	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	4	2.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	37	19.9	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	53	28.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	9	4.8	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	66	35.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F196* F199 F286 F288 F328 F330 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WOBURN NURSING CENTER INC

Street Address: 18 FRANCES ST		**City and State:** WOBURN, MA 01801	
Participation: MEDICAID SNF/ICF	**# of Beds:** 110	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/27/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
108	0	98

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	87	80.6	79.5	82.0
Dressing Residents requiring some or total assistance in dressing.	98	90.7	84.3	84.0
Toileting Residents requiring some or total assistance in toileting.	92	85.2	73.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	83.3	78.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	74	68.5	68.3	69.4
Residents on individually written bowel and bladder retraining program.	1	0.9	3.8	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	64	59.3	32.3	39.1
Completely bedfast residents.	2	1.9	0.9	3.2
Residents confined to chairs.	32	29.6	41.9	52.3
Residents requiring restraints.	66	61.1	41.8	40.4
Confused or disoriented residents.	68	63.0	59.9	58.6
Residents with bed sores.	10	9.3	5.5	7.6
Residents receiving special skin care.	80	74.1	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F135 F217 F294 F298 F328

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
FRIEL NURSING HOME

Street Address: 58 BEACH ST		**City and State:** WOLLASTON, MA 02170	
Participation: MEDICAID ICF	**# of Beds:** 29	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/24/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
28	0	12

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	20	71.4	69.8	78.5
Dressing				
Residents requiring some or total assistance in dressing.	16	57.1	68.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	10	35.7	48.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	96.4	60.0	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	11	39.3	48.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	28.6	18.7	30.4
Completely bedfast residents.	0	0.0	0.6	2.8
Residents confined to chairs.	7	25.0	15.6	40.9
Residents requiring restraints.	7	25.0	19.6	30.9
Confused or disoriented residents.	15	53.6	51.5	55.4
Residents with bed sores.	1	3.6	2.7	4.8
Residents receiving special skin care.	7	25.0	21.8	23.5

WOLLASTON, MA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	1.1	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	19	10.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.5	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	6	3.2	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	3	1.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	13	7.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	1.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	7	3.8	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	6	3.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	6	3.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	1	0.5	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	1	0.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	3.2	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	11.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	15	8.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	13	7.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.6	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	13	7.0	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	4	2.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	37	19.9	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	53	28.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	9	4.8	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	66	35.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F170 F224 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ARMSTRONG NURSING HOME

Street Address: 119 FOREST ST		**City and State:** WORCESTER, MA 01609	
Participation: MEDICAID ICF	**# of Beds:** 17	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/28/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
17	0	15

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	15	88.2	69.8	78.5
Dressing Residents requiring some or total assistance in dressing.	4	23.5	68.8	76.5
Toileting Residents requiring some or total assistance in toileting.	1	5.9	48.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	82.4	60.0	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	2	11.8	48.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	18.7	30.4
Completely bedfast residents.	0	0.0	0.6	2.8
Residents confined to chairs.	0	0.0	15.6	40.9
Residents requiring restraints.	0	0.0	19.6	30.9
Confused or disoriented residents.	8	47.1	51.5	55.4
Residents with bed sores.	0	0.0	2.7	4.8
Residents receiving special skin care.	6	35.3	21.8	23.5

WORCESTER, MA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	1.1	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	19	10.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.5	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	6	3.2	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	3	1.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	13	7.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	1.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	7	3.8	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	6	3.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	6	3.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	1	0.5	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	1	0.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	3.2	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	11.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	15	8.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	13	7.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.6	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	13	7.0	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	4	2.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	37	19.9	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	53	28.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	9	4.8	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	66	35.5	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F328 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BANCROFT HOUSE HEALTHCARE NSG HOME

Street Address: 835 MAIN ST		**City and State:** WORCESTER, MA 01610	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/26/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
119	5	106

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	103	86.6	79.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	101	84.9	84.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	79	66.4	73.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	71.4	78.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	60	50.4	68.3	69.4
Residents on individually written bowel and bladder retraining program.	3	2.5	3.8	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	20.2	32.3	39.1
Completely bedfast residents.	2	1.7	0.9	3.2
Residents confined to chairs.	57	47.9	41.9	52.3
Residents requiring restraints.	31	26.1	41.8	40.4
Confused or disoriented residents.	62	52.1	59.9	58.6
Residents with bed sores.	9	7.6	5.5	7.6
Residents receiving special skin care.	55	46.2	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	NOT MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F098 F099 F100 F102 F124 F125* F126
F127* F128* F129* F130 F131* F132* F133* F134
F139 F140 F175 F190 F191* F227 F262 F293*
F311 F312 F313* F321 F332* F341 F342 F343
F344 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BELMONT HOME

Street Address: 255 BELMONT ST		**City and State:** WORCESTER, MA 01605	
Participation: MEDICAID SNF/ICF	**# of Beds:** 184	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 02/27/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
135	0	127

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	128	94.8	79.5	82.0
Dressing Residents requiring some or total assistance in dressing.	95	70.4	84.3	84.0
Toileting Residents requiring some or total assistance in toileting.	72	53.3	73.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	70.4	78.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	66	48.9	68.3	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	24	17.8	32.3	39.1
Completely bedfast residents.	0	0.0	0.9	3.2
Residents confined to chairs.	21	15.6	41.9	52.3
Residents requiring restraints.	52	38.5	41.8	40.4
Confused or disoriented residents.	93	68.9	59.9	58.6
Residents with bed sores.	2	1.5	5.5	7.6
Residents receiving special skin care.	9	6.7	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	NOT MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F293* F321 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BLAIRE HOUSE LTCF OF WORCESTER

Street Address: 116 HOUGHTON ST	**City and State:** WORCESTER, MA 01604

Participation: MEDICAID SNF/ICF	**# of Beds:** 75	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/29/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 73	**Medicare Residents:** 0	**Medicaid Residents:** 56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	56	76.7	79.5	82.0
Dressing Residents requiring some or total assistance in dressing.	55	75.3	84.3	84.0
Toileting Residents requiring some or total assistance in toileting.	50	68.5	73.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	50.7	78.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	45	61.6	68.3	69.4
Residents on individually written bowel and bladder retraining program.	2	2.7	3.8	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	17	23.3	32.3	39.1
Completely bedfast residents.	0	0.0	0.9	3.2
Residents confined to chairs.	27	37.0	41.9	52.3
Residents requiring restraints.	28	38.4	41.8	40.4
Confused or disoriented residents.	59	80.8	59.9	58.6
Residents with bed sores.	3	4.1	5.5	7.6
Residents receiving special skin care.	46	63.0	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F262 F294 F297 F313* F320 F321 F323

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CASTLE PARK NURSING HOME

Street Address: 22-24 KING ST		**City and State:** WORCESTER, MA 01610	
Participation: MEDICAID ICF	**# of Beds:** 30	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/25/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
30	0	29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	12	40.0	69.8	78.5
Dressing Residents requiring some or total assistance in dressing.	23	76.7	68.8	76.5
Toileting Residents requiring some or total assistance in toileting.	23	76.7	48.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	63.3	60.0	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	14	46.7	48.1	59.1
Residents on individually written bowel and bladder retraining program.	4	13.3	4.5	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	6	20.0	18.7	30.4
Completely bedfast residents.	0	0.0	0.6	2.8
Residents confined to chairs.	4	13.3	15.6	40.9
Residents requiring restraints.	7	23.3	19.6	30.9
Confused or disoriented residents.	12	40.0	51.5	55.4
Residents with bed sores.	0	0.0	2.7	4.8
Residents receiving special skin care.	0	0.0	21.8	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	1.1	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	19	10.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.5	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	6	3.2	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	3	1.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	13	7.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	1.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	7	3.8	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	6	3.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	6	3.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	1	0.5	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	1	0.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	3.2	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	11.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	15	8.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	13	7.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.6	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	13	7.0	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	4	2.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	37	19.9	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	53	28.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	9	4.8	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	66	35.5	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
CLARK MANOR NURSING HOME

Street Address: 1350 MAIN ST		**City and State:** WORCESTER, MA 01603	
Participation: MEDICAID SNF/ICF	**# of Beds:** 162	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/09/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
159	0	114

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	119	74.8	79.5	82.0
Dressing Residents requiring some or total assistance in dressing.	145	91.2	84.3	84.0
Toileting Residents requiring some or total assistance in toileting.	112	70.4	73.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	155	97.5	78.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	109	68.6	68.3	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	47	29.6	32.3	39.1
Completely bedfast residents.	3	1.9	0.9	3.2
Residents confined to chairs.	67	42.1	41.9	52.3
Residents requiring restraints.	41	25.8	41.8	40.4
Confused or disoriented residents.	83	52.2	59.9	58.6
Residents with bed sores.	12	7.5	5.5	7.6
Residents receiving special skin care.	47	29.6	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

WORCESTER, MA

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F102 F126 F132* F134 F173* F179 F181*
F182 F297 F298 F346 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ELMWOOD MANOR NH

Street Address: 21 CATHERINE ST		**City and State:** WORCESTER, MA 01605	
Participation: MEDICAID ICF	**# of Beds:** 31	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/11/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
31	0	31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	31	100	69.8	78.5
Dressing				
Residents requiring some or total assistance in dressing.	19	61.3	68.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	12	38.7	48.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	100	60.0	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	5	16.1	48.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	3	9.7	18.7	30.4
Completely bedfast residents.	0	0.0	0.6	2.8
Residents confined to chairs.	0	0.0	15.6	40.9
Residents requiring restraints.	4	12.9	19.6	30.9
Confused or disoriented residents.	18	58.1	51.5	55.4
Residents with bed sores.	0	0.0	2.7	4.8
Residents receiving special skin care.	0	0.0	21.8	23.5

WORCESTER, MA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	2	1.1	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	19	10.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.5	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	6	3.2	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	3	1.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	13	7.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	1.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	7	3.8	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	6	3.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	6	3.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	1	0.5	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	1	0.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	3.2	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	11.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	15	8.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	13	7.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.6	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. it is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	13	7.0	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	4	2.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	37	19.9	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	53	28.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	9	4.8	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	66	35.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F294

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GREENERY EXTENDED CARE CENTER

Street Address: 59 ACTON ST		**City and State:** WORCESTER, MA 01604	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 161	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/18/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
157	68	78

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	109	69.4	79.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	120	76.4	84.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	103	65.6	73.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	112	71.3	78.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	114	72.6	68.3	69.4
Residents on individually written bowel and bladder retraining program.	7	4.5	3.8	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	67	42.7	32.3	39.1
Completely bedfast residents.	0	0.0	0.9	3.2
Residents confined to chairs.	116	73.9	41.9	52.3
Residents requiring restraints.	98	62.4	41.8	40.4
Confused or disoriented residents.	69	43.9	59.9	58.6
Residents with bed sores.	5	3.2	5.5	7.6
Residents receiving special skin care.	64	40.8	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F102 F126 F129* F134 F167* F168* F169
F170 F262 F263 F324* F332* F339 F340* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HAMMOND HOUSE CONV HOME

Street Address: 18 HAMMOND ST		**City and State:** WORCESTER, MA 01610	
Participation: MEDICAID ICF	**# of Beds:** 70	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/03/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
70	0	68

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	56	80.0	69.8	78.5
Dressing Residents requiring some or total assistance in dressing.	51	72.9	68.8	76.5
Toileting Residents requiring some or total assistance in toileting.	36	51.4	48.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	51.4	60.0	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	34.3	48.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	8	11.4	18.7	30.4
Completely bedfast residents.	0	0.0	0.6	2.8
Residents confined to chairs.	5	7.1	15.6	40.9
Residents requiring restraints.	16	22.9	19.6	30.9
Confused or disoriented residents.	53	75.7	51.5	55.4
Residents with bed sores.	2	2.9	2.7	4.8
Residents receiving special skin care.	6	8.6	21.8	23.5

WORCESTER, MA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT. MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	2	1.1	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	19	10.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.5	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	6	3.2	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	3	1.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	13	7.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	1.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	7	3.8	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	6	3.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	6	3.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	1	0.5	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	1	0.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	3.2	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	11.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	15	8.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	13	7.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.6	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	13	7.0	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	4	2.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	37	19.9	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	53	28.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	9	4.8	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	66	35.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F135 F294 F297 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HARVARD NURSING HOME

Street Address: 14 JOHN ST		**City and State:** WORCESTER, MA 01609	
Participation: MEDICAID ICF	**# of Beds:** 41	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/07/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
41	0	39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	28	68.3	69.8	78.5
Dressing Residents requiring some or total assistance in dressing.	28	68.3	68.8	76.5
Toileting Residents requiring some or total assistance in toileting.	23	56.1	48.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	100	60.0	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	56.1	48.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	13	31.7	18.7	30.4
Completely bedfast residents.	0	0.0	0.6	2.8
Residents confined to chairs.	7	17.1	15.6	40.9
Residents requiring restraints.	2	4.9	19.6	30.9
Confused or disoriented residents.	26	63.4	51.5	55.4
Residents with bed sores.	0	0.0	2.7	4.8
Residents receiving special skin care.	6	14.6	21.8	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	2	1.1	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	19	10.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.5	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	6	3.2	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	3	1.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	13	7.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	1.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	7	3.8	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	6	3.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	6	3.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	1	0.5	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	1	0.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	3.2	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	11.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	15	8.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	13	7.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.6	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	13	7.0	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	4	2.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	37	19.9	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	53	28.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	9	4.8	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	66	35.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
HERMITAGE NURSING HOME

Street Address: 383 MILL ST		**City and State:** WORCESTER, MA 01602	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 101	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/25/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
100	5	70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	78.0	79.5	82.0
Dressing Residents requiring some or total assistance in dressing.	87	87.0	84.3	84.0
Toileting Residents requiring some or total assistance in toileting.	80	80.0	73.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	85.0	78.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	64	64.0	68.3	69.4
Residents on individually written bowel and bladder retraining program.	2	2.0	3.8	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	30	30.0	32.3	39.1
Completely bedfast residents.	1	1.0	0.9	3.2
Residents confined to chairs.	54	54.0	41.9	52.3
Residents requiring restraints.	49	49.0	41.8	40.4
Confused or disoriented residents.	56	56.0	59.9	58.6
Residents with bed sores.	21	21.0	5.5	7.6
Residents receiving special skin care.	56	56.0	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F098 F101 F102 F124 F127* F128* F131* F134
F137 F139 F140 F171 F175 F176 F251 F262
F263 F294 F321 F324* F339 F340* F343 F344
F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
JEWISH HOME FOR AGED OF WORCESTER CO.,

Street Address: 629 SALISBURY ST		**City and State:** WORCESTER, MA 01609	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 141	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 12/22/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
135	0	107

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	101	74.8	79.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	106	78.5	84.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	85	63.0	73.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	68.1	78.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	108	80.0	68.3	69.4
Residents on individually written bowel and bladder retraining program.	1	0.7	3.8	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	36	26.7	32.3	39.1
Completely bedfast residents.	1	0.7	0.9	3.2
Residents confined to chairs.	57	42.2	41.9	52.3
Residents requiring restraints.	75	55.6	41.8	40.4
Confused or disoriented residents.	110	81.5	59.9	58.6
Residents with bed sores.	4	3.0	5.5	7.6
Residents receiving special skin care.	46	34.1	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F263 F297 F324*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
KNOLLWOOD NURSING HOME

Street Address: 271 EAST MOUNTAIN ST		**City and State:** WORCESTER, MA 01606	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 70	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/07/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
67	10	34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	57	85.1	79.5	82.0
Dressing Residents requiring some or total assistance in dressing.	58	86.6	84.3	84.0
Toileting Residents requiring some or total assistance in toileting.	52	77.6	73.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	100	78.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	55	82.1	68.3	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	12	17.9	32.3	39.1
Completely bedfast residents.	2	3.0	0.9	3.2
Residents confined to chairs.	25	37.3	41.9	52.3
Residents requiring restraints.	35	52.2	41.8	40.4
Confused or disoriented residents.	13	19.4	59.9	58.6
Residents with bed sores.	8	11.9	5.5	7.6
Residents receiving special skin care.	21	31.3	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F116 F127* F134 F137 F191* F196* F262 F294
F345*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LINCOLN NURSING HOME

Street Address: 299 LINCOLN ST		**City and State:** WORCESTER, MA 01605	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 130	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/15/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
124	14	89

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	62.9	79.5	82.0
Dressing Residents requiring some or total assistance in dressing.	95	76.6	84.3	84.0
Toileting Residents requiring some or total assistance in toileting.	100	80.6	73.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	104	83.9	78.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	80	64.5	68.3	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	26	21.0	32.3	39.1
Completely bedfast residents.	0	0.0	0.9	3.2
Residents confined to chairs.	35	28.2	41.9	52.3
Residents requiring restraints.	51	41.1	41.8	40.4
Confused or disoriented residents.	75	60.5	59.9	58.6
Residents with bed sores.	6	4.8	5.5	7.6
Residents receiving special skin care.	31	25.0	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
LUTHERAN HOME OF WORCESTER INC

Street Address: 26HARVARD ST	**City and State:** WORCESTER, MA 01608

Participation: MEDICAID SNF/ICF	**# of Beds:** 141	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 10/03/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
125	0	107

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	68	54.4	79.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	106	84.8	84.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	97	77.6	73.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	64.8	78.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	85	68.0	68.3	69.4
Residents on individually written bowel and bladder retraining program.	1	0.8	3.8	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	17.6	32.3	39.1
Completely bedfast residents.	0	0.0	0.9	3.2
Residents confined to chairs.	59	47.2	41.9	52.3
Residents requiring restraints.	51	40.8	41.8	40.4
Confused or disoriented residents.	100	80.0	59.9	58.6
Residents with bed sores.	8	6.4	5.5	7.6
Residents receiving special skin care.	53	42.4	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F294 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MILL HILL NURSING HOME

Street Address: 215 MILL ST		**City and State:** WORCESTER, MA 01602	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 101	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/05/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
99	0	77

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	97	98.0	79.5	82.0
Dressing Residents requiring some or total assistance in dressing.	87	87.9	84.3	84.0
Toileting Residents requiring some or total assistance in toileting.	78	78.8	73.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	84.8	78.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	61	61.6	68.3	69.4
Residents on individually written bowel and bladder retraining program.	4	4.0	3.8	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	44	44.4	32.3	39.1
Completely bedfast residents.	1	1.0	0.9	3.2
Residents confined to chairs.	45	45.5	41.9	52.3
Residents requiring restraints.	47	47.5	41.8	40.4
Confused or disoriented residents.	61	61.6	59.9	58.6
Residents with bed sores.	4	4.0	5.5	7.6
Residents receiving special skin care.	45	45.5	38.6	31.4

WORCESTER, MA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	NOT MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F182 F199 F206 F328 F332* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
NOTRE DAME LTC CENTER INC

Street Address: 555 PLANTATION ST		**City and State:** WORCESTER, MA 01605	
Participation: MEDICAID SNF/ICF	**# of Beds:** 51	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 03/30/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
48	0	47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	48	100	79.5	82.0
Dressing Residents requiring some or total assistance in dressing.	35	72.9	84.3	84.0
Toileting Residents requiring some or total assistance in toileting.	25	52.1	73.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	56.3	78.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	25	52.1	68.3	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	11	22.9	32.3	39.1
Completely bedfast residents.	1	2.1	0.9	3.2
Residents confined to chairs.	20	41.7	41.9	52.3
Residents requiring restraints.	8	16.7	41.8	40.4
Confused or disoriented residents.	19	39.6	59.9	58.6
Residents with bed sores.	3	6.3	5.5	7.6
Residents receiving special skin care.	18	37.5	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
ODD FELLOWS HOME OF MASS

Street Address: 104 RANDOLPH RD		**City and State:** WORCESTER, MA 01606	
Participation: MEDICAID ICF	**# of Beds:** 75	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 06/05/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
33	0	31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	27	81.8	69.8	78.5
Dressing Residents requiring some or total assistance in dressing.	27	81.8	68.8	76.5
Toileting Residents requiring some or total assistance in toileting.	19	57.6	48.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	45.5	60.0	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	18	54.5	48.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	6	18.2	18.7	30.4
Completely bedfast residents.	0	0.0	0.6	2.8
Residents confined to chairs.	11	33.3	15.6	40.9
Residents requiring restraints.	13	39.4	19.6	30.9
Confused or disoriented residents.	10	30.3	51.5	55.4
Residents with bed sores.	2	6.1	2.7	4.8
Residents receiving special skin care.	15	45.5	21.8	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	2	1.1	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	19	10.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.5	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	6	3.2	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	3	1.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	13	7.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	1.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	7	3.8	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	6	3.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	6	3.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	1	0.5	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	1	0.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	6	3.2	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	11.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	15	8.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	13	7.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.6	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	13	7.0	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	4	2.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	37	19.9	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	53	28.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	9	4.8	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	66	35.5	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
PARK HILL MANOR NH

Street Address: 1 GORHAM ST		**City and State:** WORCESTER, MA 01605	
Participation: MEDICAID ICF	**# of Beds:** 101	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/28/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
94	0	90

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	90	95.7	69.8	78.5
Dressing Residents requiring some or total assistance in dressing.	70	74.5	68.8	76.5
Toileting Residents requiring some or total assistance in toileting.	73	77.7	48.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	79.8	60.0	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	73	77.7	48.1	59.1
Residents on individually written bowel and bladder retraining program.	75	79.8	4.5	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	94	100	18.7	30.4
Completely bedfast residents.	1	1.1	0.6	2.8
Residents confined to chairs.	24	25.5	15.6	40.9
Residents requiring restraints.	25	26.6	19.6	30.9
Confused or disoriented residents.	1	1.1	51.5	55.4
Residents with bed sores.	0	0.0	2.7	4.8
Residents receiving special skin care.	0	0.0	21.8	23.5

WORCESTER, MA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	1.1	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	19	10.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.5	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	6	3.2	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	3	1.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	13	7.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	3	1.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	7	3.8	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	6	3.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	6	3.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	1	0.5	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	1	0.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	3.2	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	22	11.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	15	8.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	13	7.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.6	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	13	7.0	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	4	2.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	37	19.9	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	53	28.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	9	4.8	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	66	35.5	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F085* F086 F102 F117 F125* F126 F127*
F128* F129* F134 F168* F170 F194 F196* F199
F227 F260 F261 F263 F285 F294 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PARK TERRACE NSG. & REH. CENTER

Street Address: 39 QUEEN ST		**City and State:** WORCESTER, MA 01610	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 160	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
158	10	125

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	118	74.7	79.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	133	84.2	84.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	133	84.2	73.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	111	70.3	78.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	108	68.4	68.3	69.4
Residents on individually written bowel and bladder retraining program.	1	0.6	3.8	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	118	74.7	32.3	39.1
Completely bedfast residents.	6	3.8	0.9	3.2
Residents confined to chairs.	84	53.2	41.9	52.3
Residents requiring restraints.	59	37.3	41.8	40.4
Confused or disoriented residents.	90	57.0	59.9	58.6
Residents with bed sores.	16	10.1	5.5	7.6
Residents receiving special skin care.	45	28.5	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F061 F084 F085* F102 F132* F173* F199 F262
F273 F294

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PROVIDENCE HOUSE NURSING HOME

Street Address: 119 PROVICENCE ST

City and State: WORCESTER, MA 01604

Participation: MEDICARE/MEDICAID SNF

# of Beds: 160

Type of Ownership: NON-PROFIT RELIGIOUS

Survey Date: 04/27/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 156

Medicare Residents: 9

Medicaid Residents: 93

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	138	88.5	79.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	147	94.2	84.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	143	91.7	73.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	144	92.3	78.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	97	62.2	68.3	69.4
Residents on individually written bowel and bladder retraining program.	2	1.3	3.8	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	77	49.4	32.3	39.1
Completely bedfast residents.	6	3.8	0.9	3.2
Residents confined to chairs.	100	64.1	41.9	52.3
Residents requiring restraints.	31	19.9	41.8	40.4
Confused or disoriented residents.	74	47.4	59.9	58.6
Residents with bed sores.	9	5.8	5.5	7.6
Residents receiving special skin care.	31	19.9	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	NOT MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F119 F132* F134 F135 F169 F178 F218*
F263 F274 F293* F323 F331 F339 F340* F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SAINT FRANCIS HOME

Street Address:
101 PLANTATION ST

City and State:
WORCESTER, MA 01604

Participation:
MEDICAID SNF/ICF

# of Beds:
137

Type of Ownership:
NON-PROFIT RELIGIOUS

Survey Date:
01/20/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:
94

Medicare Residents:
0

Medicaid Residents:
70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	76	80.9	79.5	82.0
Dressing Residents requiring some or total assistance in dressing.	80	85.1	84.3	84.0
Toileting Residents requiring some or total assistance in toileting.	71	75.5	73.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	77.7	78.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	62	66.0	68.3	69.4
Residents on individually written bowel and bladder retraining program.	8	8.5	3.8	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	31	33.0	32.3	39.1
Completely bedfast residents.	1	1.1	0.9	3.2
Residents confined to chairs.	24	25.5	41.9	52.3
Residents requiring restraints.	46	48.9	41.8	40.4
Confused or disoriented residents.	53	56.4	59.9	58.6
Residents with bed sores.	6	6.4	5.5	7.6
Residents receiving special skin care.	53	56.4	38.6	31.4

WORCESTER, MA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
SALISBURY NH

Street Address:
25 ORIOL DR

City and State:
WORCESTER, MA 01605

Participation:
MEDICAID SNF/ICF

# of Beds:
160

Type of Ownership:
PROPRIETARY

Survey Date:
07/13/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:
153

Medicare Residents:
0

Medicaid Residents:
92

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	137	89.5	79.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	135	88.2	84.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	111	72.5	73.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	153	100	78.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	105	68.6	68.3	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	57	37.3	32.3	39.1
Completely bedfast residents.	0	0.0	0.9	3.2
Residents confined to chairs.	33	21.6	41.9	52.3
Residents requiring restraints.	58	37.9	41.8	40.4
Confused or disoriented residents.	102	66.7	59.9	58.6
Residents with bed sores.	11	7.2	5.5	7.6
Residents receiving special skin care.	104	68.0	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F196* F199 F313* F323 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SPRING VALLEY NURSING HOME

Street Address: 81 CHATHAM ST		**City and State:** WORCESTER, MA 01069	
Participation: MEDICAID SNF/ICF	**# of Beds:** 82	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/30/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
81	0	77

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	42	51.9	79.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	78	96.3	84.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	75	92.6	73.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	77.8	78.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	75	92.6	68.3	69.4
Residents on individually written bowel and bladder retraining program.	2	2.5	3.8	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	35	43.2	32.3	39.1
Completely bedfast residents.	0	0.0	0.9	3.2
Residents confined to chairs.	49	60.5	41.9	52.3
Residents requiring restraints.	41	50.6	41.8	40.4
Confused or disoriented residents.	49	60.5	59.9	58.6
Residents with bed sores.	2	2.5	5.5	7.6
Residents receiving special skin care.	81	100	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F132* F182 F262 F294 F314 F324*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WAYSIDE NURSING HOME

Street Address: 751 GROVE ST		**City and State:** WORCESTER, MA 01605	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 73	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/25/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
73	11	30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	72	98.6	79.5	82.0
Dressing Residents requiring some or total assistance in dressing.	72	98.6	84.3	84.0
Toileting Residents requiring some or total assistance in toileting.	71	97.3	73.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	94.5	78.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	61	83.6	68.3	69.4
Residents on individually written bowel and bladder retraining program.	1	1.4	3.8	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	35	47.9	32.3	39.1
Completely bedfast residents.	0	0.0	0.9	3.2
Residents confined to chairs.	24	32.9	41.9	52.3
Residents requiring restraints.	48	65.8	41.8	40.4
Confused or disoriented residents.	59	80.8	59.9	58.6
Residents with bed sores.	4	5.5	5.5	7.6
Residents receiving special skin care.	25	34.2	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F313* F324*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WEST SIDE HOUSE LTC FACILITY

Street Address: 35 FRUIT ST	**City and State:** WORCESTER, MA 01609

Participation: MEDICAID SNF/ICF	**# of Beds:** 91	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/24/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
85	0	44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	72	84.7	79.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	85	100	84.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	77	90.6	73.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	56.5	78.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	68	80.0	68.3	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	40	47.1	32.3	39.1
Completely bedfast residents.	0	0.0	0.9	3.2
Residents confined to chairs.	15	17.6	41.9	52.3
Residents requiring restraints.	25	29.4	41.8	40.4
Confused or disoriented residents.	85	100	59.9	58.6
Residents with bed sores.	8	9.4	5.5	7.6
Residents receiving special skin care.	34	40.0	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F053 F054 F061 F096 F102 F114 F127* F132*
F135 F191* F293* F294 F297 F313* F320 F321
F322* F323 F324* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MAPLES CONV HOME

Street Address: 24 COMMON ST		**City and State:** WRENTHAM, MA 02093	
Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/03/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
48	0	34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	31	64.6	69.8	78.5
Dressing				
Residents requiring some or total assistance in dressing.	30	62.5	68.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	12	25.0	48.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	37.5	60.0	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	16	33.3	48.1	59.1
Residents on individually written bowel and bladder retraining program.	2	4.2	4.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	16.7	18.7	30.4
Completely bedfast residents.	0	0.0	0.6	2.8
Residents confined to chairs.	4	8.3	15.6	40.9
Residents requiring restraints.	5	10.4	19.6	30.9
Confused or disoriented residents.	35	72.9	51.5	55.4
Residents with bed sores.	0	0.0	2.7	4.8
Residents receiving special skin care.	21	43.8	21.8	23.5

WRENTHAM, MA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	1.1	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	19	10.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.5	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	6	3.2	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	3	1.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	13	7.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	1.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	7	3.8	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	6	3.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	6	3.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	1	0.5	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	1	0.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	3.2	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	11.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	15	8.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	13	7.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.6	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	13	7.0	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	4	2.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	37	19.9	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	53	28.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	9	4.8	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	66	35.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F169 F260 F293*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MAPLES NSG RET CENTER

Street Address: 20 COMMON ST		**City and State:** WRENTHAM, MA 02093	
Participation: MEDICAID SNF	**# of Beds:** 82	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/01/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
79	0	57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	79	100	79.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	79	100	84.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	71	89.9	73.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	100	78.2	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	69	87.3	68.3	69.4
Residents on individually written bowel and bladder retraining program.	4	5.1	3.8	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	15.2	32.3	39.1
Completely bedfast residents.	1	1.3	0.9	3.2
Residents confined to chairs.	70	88.6	41.9	52.3
Residents requiring restraints.	30	38.0	41.8	40.4
Confused or disoriented residents.	46	58.2	59.9	58.6
Residents with bed sores.	4	5.1	5.5	7.6
Residents receiving special skin care.	26	32.9	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F130 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SERENITY HILL NURSING HOME

Street Address: 655 DEDHAM ST		**City and State:** WRENTHAM, MA 02093	
Participation: MEDICAID ICF	**# of Beds:** 44	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/25/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
43	0	37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	27	62.8	69.8	78.5
Dressing Residents requiring some or total assistance in dressing.	25	58.1	68.8	76.5
Toileting Residents requiring some or total assistance in toileting.	24	55.8	48.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	53.5	60.0	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	29	67.4	48.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	8	18.6	18.7	30.4
Completely bedfast residents.	0	0.0	0.6	2.8
Residents confined to chairs.	6	14.0	15.6	40.9
Residents requiring restraints.	16	37.2	19.6	30.9
Confused or disoriented residents.	22	51.2	51.5	55.4
Residents with bed sores.	1	2.3	2.7	4.8
Residents receiving special skin care.	13	30.2	21.8	23.5

WRENTHAM, MA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	1.1	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	19	10.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.5	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	6	3.2	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	3	1.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	13	7.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	1.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	7	3.8	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	6	3.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	6	3.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	1	0.5	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	1	0.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	3.2	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	11.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	15	8.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	13	7.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.6	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	13	7.0	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	4	2.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	37	19.9	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	53	28.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	9	4.8	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	66	35.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F199

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SHELDONVILLE NURSING HOME

Street Address: 1022 WEST ST PO BOX 1050		**City and State:** WRENTHAM, MA 02093	
Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/15/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
50	0	46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	44	88.0	69.8	78.5
Dressing Residents requiring some or total assistance in dressing.	42	84.0	68.8	76.5
Toileting Residents requiring some or total assistance in toileting.	26	52.0	48.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	84.0	60.0	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	27	54.0	48.1	59.1
Residents on individually written bowel and bladder retraining program.	1	2.0	4.5	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	12	24.0	18.7	30.4
Completely bedfast residents.	0	0.0	0.6	2.8
Residents confined to chairs.	10	20.0	15.6	40.9
Residents requiring restraints.	9	18.0	19.6	30.9
Confused or disoriented residents.	33	66.0	51.5	55.4
Residents with bed sores.	0	0.0	2.7	4.8
Residents receiving special skin care.	7	14.0	21.8	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	1.1	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	19	10.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.5	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	6	3.2	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	3	1.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	13	7.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	3	1.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	7	3.8	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	6	3.2	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	6	3.2	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	1	0.5	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	1	0.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	3.2	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	11.8	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	15	8.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	13	7.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	3	1.6	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	13	7.0	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	4	2.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	37	19.9	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	53	28.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	9	4.8	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	66	35.5	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F227 F293* F313* F328 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WINDSOR NURSING & RETIREMENT HOME

Street Address: 265 N MAIN ST		**City and State:** YARMOUTH, MA 02664	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/17/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
116	4	69

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	95	81.9	79.5	82.0
Dressing Residents requiring some or total assistance in dressing.	93	80.2	84.3	84.0
Toileting Residents requiring some or total assistance in toileting.	76	65.5	73.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	71.6	78.2	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	73	62.9	68.3	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	16	13.8	32.3	39.1
Completely bedfast residents.	0	0.0	0.9	3.2
Residents confined to chairs.	28	24.1	41.9	52.3
Residents requiring restraints.	22	19.0	41.8	40.4
Confused or disoriented residents.	78	67.2	59.9	58.6
Residents with bed sores.	1	0.9	5.5	7.6
Residents receiving special skin care.	10	8.6	38.6	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	0	0.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	2	0.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	39	11.3	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	2	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	5	1.4	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	3	0.9	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	7	2.0	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	31	9.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	23	6.6	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	19	5.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	18	5.2	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	40	11.6	2034	19.8

SELECTED PERFORMANCE INDICATORS

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			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	17	4.9	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	18	5.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	24	6.9	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	48	13.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	17	4.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	21	6.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	3	0.9	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	22	6.4	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	14	4.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	48	13.9	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	60	17.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	12	3.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	66	19.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	37	10.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	17	4.9	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	121	35.0	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0400

PART B

MEDICARE / MEDICAID SKILLED NURSING FACILITY AND INTERMEDIATE CARE FACILITY SURVEY REPORT

LONG TERM CARE SURVEY

PROVIDER NUMBER

VENDOR NUMBER

SURVEY DATE

FACILITY NAME AND ADDRESS (*City, State, Zip Code*)

SURVEYORS' NAMES	TITLES

SURVEY TEAM COMPOSITION

F1 Indicate the Number of Surveyors According to Disci[illegible]:

- A. ☐ Administrator
- B. ☐ Nurse
- C. ☐ Dietitian
- D. ☐ Pharmacist
- E. ☐ Records Administr[illegible]
- F. ☐ Social Worke[illegible]
- G. ☐ Qualifi[illegible]tardation Professional
- H. ☐ Life Safety Code Specialist
- I. ☐ Laboratorian
- J. ☐ Sanitarian
- K. ☐ Therapist
- L. ☐ Physician
- M. ☐ Psychologist
- N. ☐ Other

Note: Mo[illegible] than [illegible] d[illegible]line may be marked for surveyors qualified in multiple disciplines.

[illegible] dicate t[illegible]al Number of Surveyors Onsite: ____________________

For[illegible]19 (7-88)

(CONTINUED ON REVERSE)

APPENDIX

RESIDENT CENSUS AND CONDITIONS OF RESIDENTS

PROVIDER NO. ____________

F3 ☐ MEDICARE ________

F4 ☐ MEDICAID ________

F5 ☐ OTHER ________

F6 TOTAL RESIDENTS ________

CODE

BATHING

F7 ___ Number of residents requiring assistance in bathing more than one part of body—or does not bathe self.

F8 ___ Number of residents requiring assistance in bathing only a single part (as back or disabled extremity) or bathes self completely.

F9 ___ **TOTAL***

DRESSING

F10 ___ Number of residents totally dressed by another person.

F11 ___ Number of residents needing assistance to dress self or remain partly dressed. (Exclude those residents totally dressed.)

F12 ___ Number of residents able to get clothes from closets and drawers-puts on clothes, outer garments, braces-manages fasteners. Act of tying shoes is excluded.

F13 ___ **TOTAL***

TOILETING

F14 ___ Number of residents not toileted. (Use protective padding, catheter.)

F15 ___ Number of residents who must use a bedpan or commode and/or receive assistance in getting to and using a toilet.

F16 ___ Number of residents able to get to toilet—gets on and off toilet—cleans self—arranges clothes.

F17 ___ **TOTAL***

TRANSFERRING

F18 ___ Number of residents needing assistance in all transfers (moving in or out of bed and/or chair, toilet, tub transfers).

F19 ___ Number of residents needing assistance in transferring to toilet and tub only.

F20 ___ Number of residents able to complete all transfers independently (may or may not be using mechanical supports).

F21 ___ **TOTAL***

CODE

CONTINENCE

F22 ___ Number of residents with indwelling or external catheters.

F23 ___ Number of residents with partial or total incontinence in urination or defecation—partial or total control by suppositories or enemas, regulated use of urinals and/or bedpans.

F24 ___ Number of residents with urination and defecation entirely self-controlled.

F25 ___ **TOTAL***

FEEDING

F26 ___ Number of residents who receive enteral/parenteral feedings.

F27 ___ Number of residents who receive NG tube feedings.

F28 ___ Number of residents who require assistance in act of eating.

F29 ___ Number of residents who get food from plate or its equivalent into mouth—(pre-cutting of meat and preparation of food, buttering bread, opening cartons, removing plate covers, etc., are *excluded* from evaluation).

F30 ___ **TOTAL***

F31 ___ Number of completely bedfast residents.
F32 ___ Number of chairbound residents.
F33 ___ Number of ambulatory residents (may use cane, walker, or crutches).
F34 ___ Number of physically restrained residents (belt, vest, cuffs).
F35 ___ Number of residents receiving psychotropic drugs.
F36 ___ Number of confused or disoriented residents.
F37 ___ Number of residents with decubiti.
F38 ___ Number of residents on individually written bowel and bladder retraining program.
F39 ___ Number of residents receiving special skin care.
F40 ___ Number of residents receiving intravenous therapy and/or blood transfusion.
F41 ___ Number of residents requiring no assistance in ADLs.
F42 ___ Number of residents on self-administration of drugs.
F43 ___ Number of resident with contractures.
F44 ___ Number of residents receiving respiratory care.
F45 ___ Number of residents receiving tracheostomy care.
F46 ___ Number of residents receiving suctioning.
F47 ___ Number of residents receiving rehabilitative services (physical therapy, speech pathology and audiology, occupational therapy).
F48 ___ Number of residents receiving injections.
F49 ___ Number of residents receiving colostomy care.

Form HCFA-519 (7-88)

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*MUST EQUAL TOTAL NUMBER OF RESIDENTS IN FACILITY

NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
	GOVERNING BODY *(CONDITION OF PARTICIPATION)*				
F50	SNF (405.1121) ☐ MET ☐ NOT MET				
	RESIDENT RIGHTS				
F51	SNF (405.1121(k)) (Standard) ☐ MET ☐ NOT MET **Indicators A thru K apply to this standard for SNFs**				
F52	ICF (442.311) (Standard) ☐ MET ☐ NOT MET **Indicators A thru K apply to this standard for ICFs**				
	A. Information				
F53	1. The facility informs each resident, before or at the time of admission, of his/her rights and responsibilities.				
F54	2. The facility informs each resident, before or at the time of admission, of all rules governing resident conduct.				
F55	3. The facility informs each resident of amendments to their policies on residents' rights and responsibilities and rules governing conduct.				
F56	4. Each resident acknowledges in writing receipt of residents' rights information and any amendment to it.				
F57	5. The resident must be informed in writing of all services and charges for services.				
F58	6. The resident must be informed in writing of all changes in services and charges before or at the time of admission and on a continuing basis.				
F59	7. The resident must be informed of services not covered by Medicare or Medicaid and not covered in the basic rate.				

NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
	B. **Medical Condition and Treatment**				
F60	1. Each resident is informed by a physician of his/her health and medical condition unless the physician decides that informing the resident is medically contraindicated.				
F61	2. Each resident is given an opportunity to participate in planning his/her total care and medical treatment.				
F62	3. Each resident is given an opportunity to refuse treatment.				
F63	4. Each resident gives informed, written consent before participating in experimental research.				
F64	5. If the physician decides that informing the resident of his/her health and medical condition is medically contraindicated, the physician has documented this decision in the resident's medical record.				
	C. **Transfer and Discharge** Each resident is transferred or discharged only for:				
F65	1. Medical reasons.				
F66	2. His/her welfare or that of other residents.				
F67	3. Nonpayment except as prohibited by the Medicare or Medicaid program.				
F68	4. Each resident is given reasonable advance notice to ensure orderly transfer or discharge. **Exception: Not required for ICF residents.**				
	D. **Exercising Rights**				
F69	1. Each resident is encouraged and assisted to exercise his/her rights as a resident of the facility and as a citizen.				
F70	2. Each resident is allowed to submit complaints and recommendations concerning the policies and services of the facility to staff or to outside representatives of the resident's choice or both.				

NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
F71	3. Such complaints are submitted free from restraint, coercion, discrimination, or reprisal.				
	E. **Financial Affairs**				
F72	1. Residents are allowed to manage their own personal financial affairs.				
F73	2. The facility establishes and maintains a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility at least on a quarterly basis.				
F74	3. The facility does not commingle resident funds with any other funds.				
F75	4. If a resident requests assistance from the facility in managing his/her personal financial affairs, resident's delegation is in writing.				
	5. The facility system of accounting includes written receipts for:				
F76	All personal possessions and funds received by or deposited with the facility.				
F77	All disbursements made to or for the resident.				
F78	6. The financial record must be available to the resident and his/her family.				
	F. **Freedom from Abuse and Restraints**				
F79	1. Each resident is free from mental and physical abuse.				
F80	2. Chemical and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.				

NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
F81	3. If used in emergencies, they are necessary to protect the resident from injury to himself/herself or others.				
F82	4. The emergency use is authorized by a professional staff member identified in the written policies and procedures of the facility.				
F83	5. The emergency use is reported promptly to the resident's physician by the staff member.				
	G. **Privacy**				
F84	1. Each resident is treated with respect, consideration and full recognition of his/her dignity and individuality.				
F85	2. Each resident is given privacy during treatment and care of personal needs.				
F86	3. Each resident's records, including information in an automated data bank, are treated confidentially.				
F87	4. Each resident must give written consent before the facility releases information from his/her record to someone not otherwise authorized to receive it.				
F88	5. Married residents are given privacy during visits by their spouses.				
F89	6. Married residents are permitted to share a room.				
	H. **Work**				
F90	No resident may be required to perform services for the facility.				

NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
	I. **Freedom of Association and Correspondence**				
F91	1. Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.				
F92	2. Each resident is allowed to send and receive personal mail unopened.				
	J. **Activities**				
F93	Each resident is allowed to participate in social, religious, and community group activities.				
	K. **Personal Possessions**				
F94	Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.				
	L. **Delegation of Rights and Responsibilities**				
F95	ICF (442.312) (Standard) ☐ MET ☐ NOT MET				
F96	1. All the rights and responsibilities of a resident pass to the resident's guardian, next of kin or sponsoring agency or agencies if the resident is adjudicated incompetent under State law or is determined by his/her physician to be incapable of understanding his/her rights and responsibilities.				
F97	2. Physician determinations of incapability and the specific reasons thereof are recorded by the physician in the resident's record.				

NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
	STAFF DEVELOPMENT				
F98	SNF (405.1121(h)) (Standard) ☐ MET ☐ NOT MET				
F99	ICF (442.314) (Standard) ☐ MET ☐ NOT MET				
F100	1. Facility staff are knowledgeable about the problems and needs of the aged, ill, and disabled.				
F101	2. Facility staff practices proper techniques in providing care to the aged, ill, and disabled.				
F102	3. Facility staff practice proper technique for prevention and control of infection, fire prevention and safety, accident prevention, confidentiality of resident information, and preservation of resident dignity, including protection of privacy and personal and property rights.				
	STATUS CHANGE NOTIFICATIONS				
F103	SNF (405.1121(j)) (Standard) ☐ MET ☐ NOT MET				
F104	ICF (442.307) (Standard) ☐ MET ☐ NOT MET				
F105	1. The facility notifies the resident's attending physician and other responsible persons in the event of an accident involving the resident, or other significant change in the resident's physical, mental, or emotional status, or resident charges, billings, and related administrative matters.				
F106	2. Except in a medical emergency, a resident is not transferred or discharged, nor is treatment altered radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.				

NAME OF FACILITY

CODE	PHYSICIANS' SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	PHYSICIANS' SERVICES *(CONDITION OF PARTICIPATION)*				
F107	SNF (405.1123) ☐ MET ☐ NOT MET				
	A. Medical Findings and Orders at Time of Admission				
F108	SNF (405.1123(a)) (Standard) ☐ MET ☐ NOT MET				
F109	1. There is made available to the facility prior to or at the time of admission, resident information which includes current medical findings, diagnoses, and orders from a physician for immediate care of the resident.				
F110	2. Information about the rehabilitation potential of the resident and a summary of prior treatment are made available to the facility at the time of admission or within 48 hours thereafter.				

NAME OF FACILITY

CODE	PHYSICIANS' SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	B. Resident Supervision by Physician				
F111	SNF (405.1123(b)) (Standard) ☐ MET ☐ NOT MET				
F112	ICF (442.346) (Standard) ☐ MET ☐ NOT MET **Indicators B and C apply to this standard for ICFs**				
F113	1. Every resident must be under the supervision of a physician.				
F114	2. A physician prescribes a planned regimen of care based on a medical evaluation of each resident's immediate and long-term care needs. **Exception: Not required for ICF residents**				
F115	3. A physician is available to provide care in the absence of any resident's attending physician.				
F116	4. Medical evaluation is done within 48 hours of admission unless done within 5 days prior to admission. **Exception: Not required for ICF residents.**				
F117	5. Each resident is seen by their attending physician at least once every 30 days for the first 90 days after admission. **Exception: ICF residents must be seen every 60 days unless otherwise justified and documented by the attending physician.**				
F118	6. Each resident's total program of care including medications and treatments is reviewed during a visit by the attending physician at least once every 30 days for the first 90 days and revised as necessary. **Exception: Only medications must be reviewed quarterly for ICF residents.**				

NAME OF FACILITY

CODE	PHYSICIANS' SERVICES/NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
F119	7. Progress notes are written and signed by the physician at the time of each visit, and all orders are signed by the physician.				
F120	8. Alternate physician visit schedules that exceed a 30-day schedule adopted after the 90th day following admission are justified by the attending physician in the medical record. These visits cannot exceed 60 days or apply to residents who require specialized rehabilitation schedules. **Exception: Not required for ICF residents.**				
F121	C. **Emergency Services** SNF (405.1123(c)) (Standard) ☐ MET ☐ NOT MET				
F122	Emergency services from a physician are available and provided to each resident who requires emergency care.				
F123	**NURSING SERVICES *(CONDITION OF PARTICIPATION)*** SNF (405.1124) ☐ MET ☐ NOT MET				
F124	SNF (405.1124(c)) (Standard) ☐ MET ☐ NOT MET **Indicators A and B apply to this standard for SNFs.**				
F125	ICF (442.338) ☐ MET ☐ NOT MET **Indicators A thru E apply to this standard for ICFs except where noted.**				
	A. The facility provides nursing services which are sufficient to meet nursing needs of all residents all hours of each day.				
F126	1. Each resident receives all treatments, medications and diet as prescribed. Deviations are reported and appropriate action is taken.				

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
F127	2. Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to engage in self care activity.			▨	
F128	3. Each resident receives care necessary to prevent skin breakdown.			▨	
F129	4. Each resident with a decubitus receives care necessary to promote the healing of the decubitus including proper dressing.			▨	
F130	5. When residents require restraints the application is ordered by the physician, applied properly, and released at least every 2 hours.			▨	
F131	6. Each resident with incontinence is provided with care necessary to encourage continence including frequent toileting and opportunities for rehabilitative training.			▨	
F132	7. Each resident with a urinary catheter receives proper routine care including periodic evaluation.			▨	
F133	8. Each resident receives proper care for the following needs: Injections Parenteral Fluids Colostomy/Ileostomy Respiratory Care Tracheostomy Care Suctioning Tube Feeding			▨	
F134	9. Infection Control Techniques are properly carried out in the provision of care to each resident.			▨	

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NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
F135	10. Proper nursing and sanitary procedures and techniques are used when medications are given to residents.			▨	
F136	11. Adequate resident care supplies are available for providing treatments.			▨	
	B. Twenty-Four Hour Nursing Service				
F137	1. Nursing personnel,including registered nurses, licensed practical (vocational) nurses, nurse aides, orderlies, and ward clerks, are assigned duties consistent with their education and experience, and based on the characteristics of the resident load. **Exception: Not required for ICFs.**				
F138	2. Weekly time schedules are maintained and indicate the number and classifications of nursing personnel including relief personnel, who worked on each unit for each tour of duty. (If a distinct part certification, show the staffing for the DP and, if appropriate, any nonparticipating remainder and explain any sharing of nursing personnel.) **Exception: Not required for Freestanding ICFs.**				
F139	3. There is a sufficient number of nursing staff available to meet the total needs of all residents.			▨	
F140	4. There is a registered nurse on the day tour of duty 7 days a week. **Exception: Not required for ICF residents.**				

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	C. Charge Nurse				
F141	SNF (405.1124(b)) (Standard) ☐ MET ☐ NOT MET				
F142	1. A registered nurse or a qualified licensed practical (or vocational) nurse is designated as charge nurse by the director of nursing for each tour of duty. **Exception: Not required for ICFs.**				
F143	2. The director of nursing services does not serve as charge nurse in a facility with an average daily total occupancy of 60 or more residents. **Exception: Not required for ICFs.**				
F144	3. The ICF must have a registered nurse, or a licensed practical or vocational nurse full-time, 7 days a week, on the day shift. **Exception: Not required for SNFs.**				

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NAME OF FACILITY

List the number of full-time equivalents of RN's, LPN's, Aides/Orderlies assigned to nursing duty from the last 3 complete weeks. (Note only actual staff on duty.)

Shift		CODE	Day 1			Day 2			Day 3			Day 4			Day 5			Day 6			Day 7		
			RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A
DAY	DP	F145																					
	Entire Facility	F146																					
EVENING	DP	F147																					
	Entire Facility	F148																					
NIGHT	DP	F149																					
	Entire Facility	F150																					

Shift		CODE	Day 1			Day 2			Day 3			Day 4			Day 5			Day 6			Day 7		
			RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A
DAY	DP																						
	Entire Facility																						
EVENING	DP																						
	Entire Facility																						
NIGHT	DP																						
	Entire Facility																						

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NAME OF FACILITY

Shift		CODE	Day 1			Day 2			Day 3			Day 4			Day 5			Day 6			Day 7		
			RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A
DAY	DP	F151																					
	Entire Facility	F152																					
EVENING	DP	F153																					
	Entire Facility	F154																					
NIGHT	DP	F155																					
	Entire Facility	F156																					

STAFFING PATTERN WORKSHEETS DAY OF SURVEY (OPTIONAL)

ENTIRE FACILITY STAFFING PATTERN (DAY OF SURVEY)

	CODE		RN	PN	A
DAY	F157	REPORT			
	F158	ACTUAL			
EVENING	F159	REPORT			
	F160	ACTUAL			
NIGHT	F161	REPORT			
	F162	ACTUAL			

UNIT STAFFING PATTERN WORKSHEET (DAY OF SURVEY)

	CODE	Unit			Unit			Unit			Unit			Unit			Unit			Unit		
		RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A
DAY	F163																					
EVENING	F164																					
NIGHT	F165																					
CENSUS	F166																					

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	D. Patient Care Management				
F167	SNF (405.1124(d)) (Standard) ☐ MET ☐ NOT MET				
F168	ICF (442.341) (Standard) ☐ MET ☐ NOT MET				
F169	1. Each resident's needs are addressed in a written plan of care which demonstrates that the plans of all services are integrated, consonant with the physician's plan of medical care, and implemented shortly after admission.				
F170	2. Each professional service identifies needs, goals, plans, and evaluates the effectiveness of interventions, plus institutes changes in the plan of care in a timely manner.				
	E. Rehabilitative Nursing Services are performed daily, and recorded for those residents who require such service.				
F171	SNF (405.1124(e)) (Standard) ☐ MET ☐ NOT MET				
F172	ICF (442.342) (Standard) ☐ MET ☐ NOT MET				
F173	1. Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent immobility, deformities, and contractures.				
F174	2. There is an ongoing evaluation of each resident's rehabilitative nursing needs. This may include;				
F175	(a) Range of motion, ambulation, turning and positioning and other activities;				
F176	(b) Assistance and instruction in the activities of daily living such as feeding, dressing, grooming, oral hygiene and toilet activities;				
F177	(c) Remotivation therapy and/or reality orientation when appropriate.				
F178	3. These activities are coordinated with other resident care services.				

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NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
F179	**F. The facility has an awareness of nutritional needs and fluid intake of residents and provides prompt assistance where necessary in feeding residents.** SNF (405.1124(f)) (Standard) ☐ MET ☐ NOT MET				
F180	1. Each resident is provided with the amount of food and fluid on a daily basis necessary to maintain their appropriate minimum average weight. Between meal feedings are offered and the amount consumed is observed. Daily food and fluid intake is observed and encouraged.				
F181	2. Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.				
F182	3. Deviations from normal food and fluid intake are recorded and reported to the charge nurse and the attending physician.				

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	F. Administration of Drugs				
F183	SNF (405.1124(g)) (Standard) ☐ MET ☐ NOT MET				
F184	ICF (442.337) (Standard) ☐ MET ☐ NOT MET				
F185	1. The resident is identified prior to administration of a drug.				
F186	2. Drugs and biologicals are administered as soon as possible after doses are prepared.				
F187	3. Administered by same person who prepared the doses for administration except under single unit dose package distribution systems.				
F188	**Exception: ICF residents may self administer medication only with their physician's permission.**				
	H. Conformance with Physician Drug Orders				
F189	SNF (405.1124(h)) (Standard) ☐ MET ☐ NOT MET				
F190	ICF (442.334) (Standard) ☐ MET ☐ NOT MET				
F191	Drugs are administered in accordance with written orders of the attending physician.				
F192	Drug Error Rate __________% (See Form HCFA-522)				

NAME OF FACILITY

CODE	DIETETIC SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	DIETETIC SERVICES *(CONDITION OF PARTICIPATION)*				
F193	SNF (405.1125) ☐ MET ☐ NOT MET				
F194	ICF (442.332) (Standard) ☐ MET ☐ NOT MET Indicators A and B apply to this standard for ICFs.				
	A. **Menus and Nutritional Adequacy**				
F195	SNF (405.1125(b)) (Standard) ☐ MET ☐ NOT MET				
F196	Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders and, to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.				
	B. **Therapeutic Diets**				
F197	SNF (405.1125(c)) (Standard) ☐ MET ☐ NOT MET				
F198	1. Therapeutic diets are prescribed by the attending physician.				
F199	2. Therapeutic menus are planned in writing, prepared, and served as ordered with supervision from the dietitian and advice from the physician whenever necessary.				
F200	Number of Regular Diets__________				
F201	Number of Therapeutic Diets__________				
F202	Number of Mechanically Altered Diets __________				
F203	Number of Tube Feedings__________				

NAME OF FACILITY

CODE	DIETETIC SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
F204	C. **Preparation** SNF (405.1125(e)) (Standard) ☐ MET ☐ NOT MET	▨	▨	▨	
F205	1. Food is prepared by methods that conserve its nutritive value and flavor.			▨	
F206	2. Meals are palatable, served at proper temperatures. They are cut, ground, chopped, pureed or in a form which meets individual resident needs.			▨	
F207	3. If a resident refuses food served, appropriate substitutes of similar nutritive value are offered.			▨	
F208	D. **Frequency** SNF (405.1125(d)) (Standard) ☐ MET ☐ NOT MET	▨	▨	▨	
F209	ICF (442.331) (Standard) ☐ MET ☐ NOT MET	▨	▨	▨	
F210	1. At least three meals are served daily at regular hours with not more than a 14-hour span between a substantial evening meal and breakfast.			▨	
F211	2. To the extent medically possible, bedtime nourishments are offered to all residents. **Exception: Not required for ICF Residents.**				
F212	E. **Staffing** SNF (405.1125.(a)) (Standard) ☐ MET ☐ NOT MET	▨	▨	▨	
F213	1. Food service personnel are on duty daily over a period of 12 or more hours.			▨	

NAME OF FACILITY

CODE	SPECIALIZED REHABILITATIVE SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	SPECIALIZED REHABILITATIVE SERVICES *(CONDITION OF PARTICIPATION)*				
F214	SNF (405.1126) ☐ MET ☐ NOT MET				
F215	SNF (405.1126(b)) (Standard) ☐ MET ☐ NOT MET				
F216	ICF (442.343) (Standard) ☐ MET ☐ NOT MET				
	A. **Plan of Care**				
F217	Rehabilitative services are provided under a written plan of care, initiated by the attending physician and developed in consultation with appropriate therapist(s) and the nursing service.				
	B. **Therapy**				
F218	Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.				
	C. **Progress**				
F219	1. A report of the resident's progress is communicated to the attending physician within 2 weeks of the initiation of specialized rehabilitative services. **Exception: ICF resident's progress must be reviewed regularly.**				

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NAME OF FACILITY

CODE	SPECIALIZED REHABILITATIVE SERVICES/PHARMACEUTICAL SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
F220	2. The resident's progress is thereafter reviewed regularly, and the plan of rehabilitative care is reevaluated as necessary, but at least every 30 days, by the physician and the therapist. **Exceptions: ICF residents' plans must be revised as necessary.**				
	PHARMACEUTICAL SERVICES *(CONDITION OF PARTICIPATION)*				
F221	SNF (405.1127) ☐ MET ☐ NOT MET				
	A. **Supervision**				
F222	SNF (405.1127(a)) (Standard) ☐ MET ☐ NOT MET				
F223	ICF (442.336) (Standard) ☐ MET ☐ NOT MET				
F224	The pharmacist reviews the drug regimen of each resident at least monthly and reports any irregularities to the medical director and administrator.				

NAME OF FACILITY

CODE	PHARMACEUTICAL SERVICES LABORATORY AND RADIOLOGIC SERVICES/SOCIAL SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	B. **Labeling of Drugs and Biologicals**				
F225	SNF (405.1127(c)) (Standard) ☐ MET ☐ NOT MET				
F226	ICF (442.333) (Standard) ☐ MET ☐ NOT MET				
F227	The labeling of drugs and biologicals is based on currently accepted professional principles and includes the appropriate accessary and cautionary instructions as well as an expiration date when applicable.				
	LABORATORY AND RADIOLOGIC SERVICES *(CONDITION OF PARTICIPATION)*				
F228	SNF (405.1128) ☐ MET ☐ NOT MET				
F229	SNF (405.1128(a)) (Standard) ☐ MET ☐ NOT MET				
	Provision of Services				
F230	1. All services are provided only on the orders of a physician.				
F231	2. The attending physician is notified promptly of diagnostic findings.				
F232	3. Signed and dated reports of a clinical laboratory, X-ray and other diagnostic services are filed with the resident's medical record.				

NAME OF FACILITY

CODE	SOCIAL SERVICES/ACTIVITIES	YES	NO	N/A	EXPLANATORY STATEMENT
	SOCIAL SERVICES *(CONDITION OF PARTICIPATION)*				
F233	SNF (405.1130) ☐ MET ☐ NOT MET				
F234	SNF (405.1130(a)) (Standard) ☐ MET ☐ NOT MET				
F235	ICF (442.344) (Standard) ☐ MET ☐ NOT MET				
	A. **Plan**				
F236	The medically related social and emotional needs of the resident are identified.				
	B. **Provision of Services**				
F237	Services are provided to meet the social and emotional needs by the facility or by referral to an appropriate social agency.				
F238	2. If financial assistance is indicated, arrangements are made promptly for referral to an appropriate agency.				
	ACTIVITIES *(CONDITION OF PARTICIPATION)*				
F239	SNF(405.1131) ☐ MET ☐ NOT MET				
	Provision of Services				
F240	SNF (405.1131(b)) (Standard) ☐ MET ☐ NOT MET				

NAME OF FACILITY

CODE	ACTIVITIES	YES	NO	N/A	EXPLANATORY STATEMENT
F241	ICF (442.345) (Standard) ☐ MET ☐ NOT MET	▨	▨	▨	
F242	1. An ongoing program of meaningful activities is provided based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of their choice, if any.			▨	
F243	2. Unless contraindicated by the attending physicians each resident is encouraged to participate in the activities program.			▨	
F244	3. The activities promote the physical, social and mental well-being of the resident.			▨	
F245	4. Equipment is maintained in good working order.			▨	
F246	5. Supplies and equipment are available.			▨	

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NAME OF FACILITY

CODE	MEDICAL RECORDS	YES	NO	N/A	EXPLANATORY STATEMENT
	MEDICAL RECORDS *(CONDITION OF PARTICIPATION)*				
F247	SNF (405.1132) ☐ MET ☐ NOT MET				
	Content				
F248	SNF (405.1132(c)) (Standard) ☐ MET ☐ NOT MET				
F249	ICF (442.318) (Standard) ☐ MET ☐ NOT MET				
F250	1. The medical record contains sufficient information to identify the resident clearly, to justify diagnoses and treatment, and to document results accurately.				

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NAME OF FACILITY

CODE	MEDICAL RECORDS	YES	NO	N/A	EXPLANATORY STATEMENT
	2. The medical record contains the following information:				
F251	a. Identification information			▨	
F252	b. Admission data including past medical and social history			▨	
F253	c. Transfer form, discharge summary from any transferring facility			▨	
F254	d. Report of resident's attending physician			▨	
F255	e. Report of physical examinations			▨	
F256	f. Reports of physicians' periodic evaluations and progress notes			▨	
F257	g. Diagnostic reports and therapeutic orders			▨	
F258	h. Reports of treatments			▨	
F259	i. Medications administered			▨	
F260	j. An overall plan of care setting forth goals to be accomplished through each service's designed activities, therapies and treatments.			▨	
F261	k. Assessments and goals of each service's plan of care			▨	
F262	l. Treatments and services rendered			▨	
F263	m. Progress notes			▨	
F264	n. All symptoms and other indications of illness or injury including date, time and action taken regarding each problem.			▨	

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NAME OF FACILITY

CODE	TRANSFER AGREEMENT	YES	NO	N/A	EXPLANATORY STATEMENT
	TRANSFER AGREEMENT *(CONDITION OF PARTICIPATION)*				
F265	SNF (405.1133) ☐ MET ☐ NOT MET				
F266	SNF (405.1133(a)) (Standard) ☐ MET ☐ NOT MET				
F267	ICF (442.316) (Standard) ☐ MET ☐ NOT MET				
F268	A. Whenever the attending physician determines that a transfer is medically appropriate between a hospital or a facility providing more specialized care and the nursing facility, admission to the new facility shall be effected in a timely manner.				
F269	B. Information necessary for providing care and treatment to transferred individuals is provided.				

NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT	YES	NO	N/A	EXPLANATORY STATEMENT
F270	**PHYSICAL ENVIRONMENT *(CONDITION OF PARTICIPATION)*** SNF (405.1134) ☐ MET ☐ NOT MET				
F271	A. **Nursing Unit** SNF (405.1134(d)) (Standard) ☐ MET ☐ NOT MET				
F272	1. The unit is properly equipped for preparation and storage of drugs and biologicals.				
F273	2. Utility and storage rooms are adequate in size.				
F274	3. The unit is equipped to register resident calls with a functioning communication system from resident areas including resident rooms and toilet and bathing facilities.				
F275	B.**Dining and Activities Area** SNF (405.1134(g) (Standard) ☐ MET ☐ NOT MET				
F276	ICF (442.329) (Standard) ☐ MET ☐ NOT MET				
F277	1. The facility provides one or more clean, orderly and appropriately furnished rooms of adequate size, designated for resident dining and resident activities.				
F278	2. Dining and activity rooms are well lighted and ventilated.				
F279	3. Any multipurpose room used for dining and resident activities has sufficient space to accommodate all activities and prevent their interference with each other.				

NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT	YES	NO	N/A	EXPLANATORY STATEMENT
F280	SNF (405.1134(e)) (Standard) ☐ MET ☐ NOT MET **Indicators C and D apply to this standard for SNFS.**				
	C. Resident Rooms				
F281	ICF (442.325) (Standard) ☐ MET ☐ NOT MET				
F282	1. Single resident rooms have at least 100 square feet.				
F283	2. Multiple resident rooms have no more than four residents and at least 80 square feet per resident.				
F284	3. Each room is equipped with or conveniently located near toilet and bathing facilities.				
F285	4. There is capability of maintaining privacy in each.				
F286	5. There is adequate storage space for each resident.				
F287	6. There is a comfortable and functioning bed and chair plus a functional cabinet and light.				
F288	7. The resident call system functions in resident rooms.				
F289	8. Each room is designed and equipped for adequate nursing care and the comfort and privacy of the residents.				
F290	9. Each room is at or above grade level.				
F291	10. Each room has direct access to a corridor and outside exposure. **Exception: Not required for ICF residents.**				

NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT	YES	NO	N/A	EXPLANATORY STATEMENT
	D. **Toilet and Bath Facilities**				
F292	ICF (442.326) (Standard) ☐ MET ☐ NOT MET				
F293	1. Facilities are clean, sanitary and free of odors.				
F294	2. Facilities have safe and comfortable hot water temperatures.				
F295	3. Facilities maintain privacy.				
F296	4. Facilities have grab bars and other safeguards against slipping.				
F297	5. Facilities have fixtures in good condition.				
F298	6. The resident call system functions in toilet and bath facilities.				
	E. **Social Service Area**				
F299	SNF (405.1130(b)) (Standard) ☐ MET ☐ NOT MET				
F300	1. Ensures privacy for social service interviewing.				
F301	2. Adequate space for clerical and interviewing functions is provided.				
F302	3. Facilities are easily accessible to residents and staff.				

NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT	YES	NO	N/A	EXPLANATORY STATEMENT
	F. Therapy Areas				
F303	SNF (405.1126(a)) (Standard) ☐ MET ☐ NOT MET				
F304	ICF (442.328(a)) ☐ MET ☐ NOT MET				
F305	1. Space is adequate for proper use of equipment by all residents receiving treatments.				
F306	2. Equipment is safe and in proper working condition.				
	G. Facilities for Special Care				
F307	SNF (405.1134(f)) (Standard) ☐ MET ☐ NOT MET				
F308	ICF (442.328(b)) ☐ MET ☐ NOT MET				
F309	1. Single rooms with private toilet and handwashing facilities are available for isolating residents				
F310	2. Precautionary signs are used to identify these rooms when in use.				
	H. Common Resident Areas				
F311	SNF (405.1134(j)) (Standard) ☐ MET ☐ NOT MET				
F312	ICF (442.324) (Standard) ☐ MET ☐ NOT MET				
F313	1. All common resident areas are clean, sanitary and free of odors.				
F314	2. Provision is made for adequate and comfortable lighting levels in all areas.				
F315	3. There is limitation of sounds at comfort levels.				

NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT	YES	NO	N/A	EXPLANATORY STATEMENT
F316	4. A comfortable room temperature is maintained.				
F317	5. There is adequate ventilation through windows or mechanical means or a combination of both.				
F318	6. Corridors are equipped with firmly secured handrails on each side.				
F319	7. Staff are aware of procedures to ensure water to all essential areas in the event of loss of normal supply.				
F320	I. **Maintenance of Building and Equipment** SNF (405.1134(i)) (Standard) ☐ MET ☐ NOT MET				
F321	1. The interior and exterior of the building are clean and orderly.				
F322	2. All essential mechanical and electrical equipment is maintained in safe operating condition.				
F323	3. Sufficient storage space is available and used for equipment to ensure that the facility is orderly and safe.				
F324	4. Resident care equipment is clean and maintained in safe operating condition.				
F325	ICF (442.331(b)) ☐ MET ☐ NOT MET **Indicators J thru L apply to ICFs.**				
F326	J. **Dietetic Service Area** SNF (405.1134(h)) (Standard) ☐ MET ☐ NOT MET				
F327	1. Kitchen and dietetic service areas are adequate to insure proper, timely food services for all residents.				
F328	2. Kitchen areas are properly ventilated, arranged, and equipped for storage and preparation of food as well as for dish and utensil cleaning, and refuse storage and removal.				

NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT/INFECTION CONTROL	YES	NO	N/A	EXPLANATORY STATEMENT
F329	K. **Hygiene of Dietary Staff** SNF (405.1125(f)) (Standard) ☐ MET ☐ NOT MET				
F330	1. Dietetic service personnel practice hygienic food handling techniques.				
F331	L. **Dietary Sanitary Conditions** SNF (405.1125(g)) (Standard) ☐ MET ☐ NOT MET				
F332	1. Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.				
F333	2. Waste is disposed of properly.				
F334	M. **Emergency Power** SNF (405.1134(b)) (Standard) ☐ MET ☐ NOT MET				
F335	1. An emergency source of electrical power necessary to protect the health and safety of residents is available in the event the normal electrical supply is interrupted.				
F336	2. Emergency power is adequate at least for lighting in all means of egress; equipment to maintain fire detection, alarm, and extinguishing systems; and life safety support systems.				
F337	3. Emergency power is provided by an emergency electrical generator located on the premises where life support systems are used.				
F338	**INFECTION CONTROL *(CONDITION OF PARTICIPATION)*** SNF (405.1135) ☐ MET ☐ NOT MET				
F339	A. **Infection Control** SNF (405.1135(b)) (Standard) ☐ MET ☐ NOT MET				
F340	Aseptic and isolation techniques are followed by all personnel.				

NAME OF FACILITY

CODE	INFECTION CONTROL/DISASTER PREPAREDNESS	YES	NO	N/A	EXPLANATORY STATEMENT
F341	B. **Sanitation** SNF (405.1135(c)) (Standard) ☐ MET ☐ NOT MET				
F342	The facility maintains a safe, clean, and orderly interior.				
F343	C. **Linen** SNF (405.1135(d) (Standard) ☐ MET ☐ NOT MET				
F344	ICF (442.327) (Standard) ☐ MET ☐ NOT MET				
F345	1. The facility has available at all times a quantity of linen essential for proper care and comfort of residents.				
F346	2. Linens are handled; stored, processed, and transported in such a manner as to prevent the spread of infection.				
F347	D. **Pest Control** SNF (405.1135(e)) (Standard) ☐ MET ☐ NOT MET				
F348	ICF (442.315(c)) (Standard) ☐ MET ☐ NOT MET				
F349	1. The facility is maintained free from insects and rodents.				
	DISASTER PREPAREDNESS *(CONDITION OF PARTICIPATION)*				
F350	SNF (405.1136) ☐ MET ☐ NOT MET				
F351	SNF (405.1136(a)) (Standard) ☐ MET ☐ NOT MET				
F352	ICF (442.313) (Standard) ☐ MET ☐ NOT MET **Indicators A and B apply to this standard for ICFs.**				
F353	**A. Disaster Plan** 1. Facility staff are aware of plans, procedures to be followed for fire, explosion or other disaster.				

NAME OF FACILITY

CODE	DISASTER PREPAREDNESS	YES	NO	N/A	EXPLANATORY STATEMENT
F354	2. Facility staff are knowledgeable about evacuation routes.				
F355	3. Facility staff are aware of their specific responsibilities in regard to evaluation and protection of residents.				
F356	4. Facility staff are aware of methods of containing fire.				
	B. Drills				
F357	SNF (405.1136(b)) (Standard) ☐ MET ☐ NOT MET				
F358	1. All employees are trained, as part of their employment orientation in all aspects of preparedness for any disaster.				
F359	2. Facility staff participate in ongoing training and drills in all procedures so that each employee promptly and correctly carries out a specific role in case of a disaster.				

SKILLED NURSING FACILITY & INTERMEDIATE CARE FACILITY

SURVEY REPORT — PART B
CRUCIAL DATA EXTRACT
(To be used with 7-88 Revision of Form HCFA-519)

PROVIDER NO.	FACILITY NAME	SURVEY DATE

SURVEY TEAM COMPOSITION

*F1: INDICATE THE NUMBER OF SURVEYORS ACCORDING TO DISCIPLINE:

A.	______	ADMINISTRATOR	H.	______	LIFE SAFETY CODE SPECIALIST
B.	______	NURSE	I.	______	LABORATORIAN
C.	______	DIETITIAN	J.	______	SANITARIAN
D.	______	PHARMACIST	K.	______	THERAPIST
E.	______	RECORDS ADMINISTRATOR	L.	______	PHYSICIAN
F.	______	SOCIAL WORKER	M.	______	PSYCHOLOGIST
G.	______	QUALIFIED MENTAL RETARDATION PROFESSIONAL	N.	______	OTHER

NOTE: MORE THAN ONE DISCIPLINE MAY BE MARKED FOR SURVEYORS QUALIFIED IN MULTIPLE DISCIPLINES.

*F2: INDICATE THE TOTAL NUMBER OF SURVEYORS ONSITE: ____

*F193: DRUG ERROR RATE: ______% (Round % to nearest whole number.)

*SF5 Survey Form Indicator (Check one)

Traditional Survey (1) ☐

New LTC Survey (2) ☐

NOTE: PLEASE ATTACH COPY OF PAGES 2, 14 AND 15.

*Mandatory

Form HCFA-519E (7-88)

*U.S.GOVERNMENT PRINTING OFFICE:1990-258-749

*U.S. Government Printing Office 1990 261 [illegible]